

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90140 044 ****61.25

DOCUMENT # 716243

1. Corporation Name

THE FLORIDA WATCH AND CLOCKMAKERS ASSOCIATION, I
NC.

Principal Place of Business

11812-A 56TH ST.
TAMPA FL 33617
US

Mailing Address

11812-A 56TH ST.
TAMPA FL 33617
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/20/1969

4. FEI Number

23-7368901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STREEPER, MICHAEL W.
11812-A 56TH ST.
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RENNERT, AARON M.

STREET ADDRESS 3038 PINETREE ST.

CITY-ST-ZIP PT. CHARLOTTE FL 33952-6543

TITLE VD ☐ DELETE

NAME MAGGARD, DOUG

STREET ADDRESS PO BOX 111 N/A

CITY-ST-ZIP MANGO FL 33550

TITLE T ☐ DELETE

NAME MEADORS, RALPH

STREET ADDRESS 1419 ALWYNNE DR. S.

CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE SD ☐ DELETE

NAME JOYCE, ANGEL L

STREET ADDRESS 4901 N. FLORIDA AVE.

CITY-ST-ZIP TAMPA FL 33603

TITLE EX/S ☐ DELETE

NAME STREEPER, MICHAEL W.

STREET ADDRESS 11812-A 56TH ST.

CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael W. Streper, MICHAEL W. STREEPER

3/19/99

(813) 988-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)