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FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731419 (8)

1. Corporation Name

ELECTRICAL WORKERS BUILDING ASSOCIATION, OF PINE
LLAS COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

4020 80TH AVE. NO.
PINELLAS PARK FLORIDA 34665-2545

4020 80TH AVE. NO.
PINELLAS PARK FLORIDA 33781-2547



3. Date Incorporated or Qualified
12/16/1974

3a. Date of Last Report
05/01/1996

4. FEI Number

59-1296796

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

26

27

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALE, MICHAEL L
1445 49TH ST.
ST. PETERSBURG FL 33701

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

Michael L. Heale, President

April 30, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME RUNKLE, JACK P. JR.
STREET ADDRESS 741-8TH ST. NORTH
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME HEALE, MICHAEL L
STREET ADDRESS 1445 49TH ST 1445-49th Street
CITY - ST - ZIP ST. PETERSBURG FL 33710

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE BM
NAME KRONZ, HAROLD C
STREET ADDRESS 11755-87TH AVE. NORTH
CITY - ST - ZIP SEMINOLE FL 34642

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME SPENCER, DANIEL R
STREET ADDRESS 2020 56TH WAY NORTH
CITY - ST - ZIP CLEARWATER FL 34620

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE SD
NAME YATES, GERALD B
STREET ADDRESS 9509 N118TH LANE N.
CITY - ST - ZIP SEMINOLE FL 34642

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Michael L. Heale, President

4/30/97

(813) 546-4746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052160

CR2E037 (9/96)