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Secretary of State

03-01-1999 90007 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731419

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1296796	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Russell E. Dehmel
82 Street Address (P.O. Box Number is Not Acceptable)
5141-18th Avenue N
83 **St. Petersburg, FL 33710**
84 City **St. Petersburg** **FL** 85 Zip Code **33710**

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 Russell E. Dehmel **Russell E. Dehmel, President** **Jan 28, 1999**
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNKLE, JACK P. JR.	1.2 NAME	
STREET ADDRESS	741-8TH ST. NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALE, MICHAEL L	2.2 NAME	DEHME, RUSSELL E.
STREET ADDRESS	1445-49TH ST.	2.3 STREET ADDRESS	5141-18th AVE. N
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	BM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONZ, HAROLD C	3.2 NAME	
STREET ADDRESS	11755-87TH AVE. NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHME, RUSSELL E	4.2 NAME	STANLEY LENAS, JR.
STREET ADDRESS	5141-18TH AVE. N.	4.3 STREET ADDRESS	2202-80TH STREET N
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, GERALD B	5.2 NAME	
STREET ADDRESS	9509 N118TH LANE N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X Harold C. Kronz **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/27/99 (727) 546-5103
Date Daytime Phone #

CR2E037 (11/98)