

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90252 021 ****61.25

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DOCUMENT # 744403

1. Corporation Name

**ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST
FLORIDA, INC.**

Principal Place of Business

201 SO 'F' STR
PENSACOLA FL 32501
US

Mailing Address

201 SO 'F' STR
PENSACOLA FL 32501
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/27/1978

4. FEI Number

59-2072922

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KELSON, MICHELE B
201 SOUTH 'F' STREET
PENSACOLA, FL LP 32501

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 ~~VD~~ ☐ DELETENAME MCCOMBS, MIKE
STREET ADDRESS 604 CANAL ST
CITY-ST-ZIP MILTON FLTITLE ~~D~~ ☒ DELETENAME MOORE, MIKE
STREET ADDRESS 55 SOUTH 'A' ST
CITY-ST-ZIP PENSACOLA FLTITLE ~~PD~~ ☐ DELETENAME MCCRAY, MIKE
STREET ADDRESS 372 W ROBERTS RD
CITY-ST-ZIP CANTONMENT FLTITLE ~~TD~~ ☐ DELETENAME WILLIAMS, GREG
STREET ADDRESS 76 EAST 9 MILE RD
CITY-ST-ZIP PENSACOLA FL 32516TITLE ~~SD~~ ☐ DELETENAME LACOSTE, SCOTT
STREET ADDRESS 1814 BLACKBIRD LANE
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS JOHN SANDERS
8195 KIPLING STREET
2.4 CITY-ST-ZIP PENSACOLA FL 325143.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VD ☒ 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 any attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED President
Signature and typed or printed name of signing officer or director
Mike McCombs

2-24-99

(850) 433-5391

Date

Daytime Phone #

CR2E037 (11/98)