FILE NOW: FILING FEE AFTER MAY ~~1~~ 15 $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:59

DOCUMENT # **747738** **(3)**

1. Corporation Name

THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSIN G OFFICIALS, INC.

Principal Place of Business	Mailing Address
C/O JOYCE DESORMEAU 100 NW 1ST AVE. DELRAY BCH FL 33444	C/O JOYCE DESORMEAU 100 NW 1ST AVE. DELRAY BCH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1922100 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARKER, JAMES W.
TREASURY SUPERVISOR, CITY OF ORLANDO
400 S. ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SAGRAVES, HARRY	1.2 NAME	
STREET ADDRESS	210 MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	HUMBLE, ANNA	2.2 NAME	
STREET ADDRESS	17 S. VERNON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COX, STEPHEN E.	3.2 NAME	
STREET ADDRESS	228 S. MASSACHUSETTS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DESORMEAU, JOYCE A.	4.2 NAME	
STREET ADDRESS	100 N.W. 1ST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY FL	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE TD	☒ Change ☐ Addition
NAME	PARKER, JAMES	5.2 NAME	Parker, James
STREET ADDRESS	400 SO. ORANGE AVE.	5.3 STREET ADDRESS	400 So. Orange Ave.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOEBEL, JANICE	6.2 NAME	
STREET ADDRESS	225 NEWBURYPORT AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joyce A. Desormeau 4/3/95 (407) 243-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)