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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

755443

(9)

FLORIDA BOILER CONTRACTORS ASSOCIATION, INC.

FILED Mar 26 1998 8:00am Secretary of State

TESTIBIT SOLEET SOLUTIONS ASSOCIATION (NO.						
Principal Place of Business Mailing Address					, idditt 1840i Atibt dritt didit Atlan Atlan Billi Billi Bill	in Bibit dibit bibit Bibit (00)
1721 ENGER ST. 1721 EGNER ST P.O. BOX 1164 PO BOX 1164		1721 EGNER ST PO BOX 1164			3. Date Incorporated or Qualified	
JACKSONVILLE FL 32201 JACKSONVILLE FL 32201					12/09/1980	
		US			4. FEI Number 59-2890263	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address				
21 1721	Eoner St.	26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & State					7. Is this nonprofit corporation a homeowner	
23	- Country	28	· - ·] No
24 3220	Country	29 32201-1164	Count	ry	8. This corporation owes or has paid the cur	
24 3000	9. Name and Address of Current		<u>0 </u>		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
B1 Name					10, ttaine and made of their flegisters in	
GRIFFIN	I, DONALD E.		Ļ			
1721 EGNER ST. JACKSONVILLE FL 32206				2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
				3		
			<u> </u>	4 0"		Tag 1
			8	4 City	FL.	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes.	the abo	ve-named c	proporation 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 agen			gent signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD Griffin, donald e	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PO BOX 1164 N/A		1.2 NAMI			
STREET ADDRESS	JACKSONVILLE, FL 0			ET ADORESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY- 2.1 TITLE			Change Addition
NAME	ARNOLD, JEWEL		2.1 HILL	i		CT outside CT vegetion
STREET ADDRESS	10526 RUNNING OAK COURT			ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY			
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	CLOUD, ALMA		3.2 NAME			_ •
STREET ADDRESS	10530 RUNNING OAK CT.	;		ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			ےو ح
STREET ADDRESS			5.3 STREE	ET ADDRESS		2.26
CITY-ST-ZIP		·	5.4 C/TY-	ST-ZIP	وسور بالمال المال والمال والمال المال المال والمال والمال والمال والمال والمال والمال والمال والمال	5
TITLE		☐ DELETÉ	6.1 TATLE		9000024688 4 -03/26/980100802	a_I_ Addition
NAME			6.2 NAME	- 1	-U3/26/38U1UU8U2	.5
STREET ADDRESS			6.3 STREE	T ADDRESS	***361.25	
CITY-ST-ZIP	adiby that the information symplical with	this filian dans not hardfill the	6.4 CITY-		in Continu 110 07/9/6). Elevido Statutos I further ess	differ the state that the second state of

4. 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.

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Dry St RO & DOUBLE G. F.

2/1/1/09

904-359-028=