

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Landis B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757686 (1)

1. Corporation Name

CARPENTERS TECHNICAL TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

7930 US 301 N
TAMPA FL 336377930 US 301 N
TAMPA FL 33637-67653. Date Incorporated or Qualified
04/23/19813a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2872962

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUSINEAU, CHARLES W
7930 US 301 N
TAMPA FL 33637

81 Name Larry Jones

82 Street Address (P.O. Box Number is Not Acceptable)
7930 U.S. 301 N.

83

84 City Tampa

FL

85 Zip Code
33637

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 *Larry Jones*

(NOTE: Registered Agent signature required when reinstalling)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAIR, BRIAN	
STREET ADDRESS	5503 SEMINOLE AVE.	
CITY - ST - ZIP	TAMPA, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, LARRY	
STREET ADDRESS	6215 HARNEY ROAD	
CITY - ST - ZIP	TAMPA FL	

2.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, FAL	
STREET ADDRESS	2917 OXFORD AVENUE	
CITY - ST - ZIP	LAKELAND, FL 00000	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COUSINEAU, CHARLES	
STREET ADDRESS	7930 US 301 N	
CITY - ST - ZIP	TAMPA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUSZ, BERNARD	
STREET ADDRESS	1871 NEPTUNE DRIVE	
CITY - ST - ZIP	ENGLEWOOD FL 34223	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Jones

1-9-97

813/988-3997

Date

Daytime Phone # 0049023

CP2E037 (9/96)