# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766255 (4)

1. Corporation Name

ACADEMY OF CONSTRUCTION TRADES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 65<br>MT. DORA FL 32757-0065<br>US | 8581 AVENUE C.<br>MCCOY ANNEX<br>ORLANDO FL 32827-5033<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2245953 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SASSO, MICHAEL C
1031 WEST MORSE BLVD.
STE 200
WINTER PK FL 32789

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 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 | PD | 11 TITLE | Chairman | ☑ Change ☐ Addition |
| NAME | BEASLEY, DAVID | 12 NAME | David M. Beasley | |
| STREET ADDRESS | 430 WEST DR. (Same) | 13 STREET ADDRESS | 430 West Drive | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | 14 CITY-ST-ZIP | Altamonte SPrings, FL 32714 | |
| TITLE | SD | 21 TITLE | First Vice Chairman | ☑ Change ☐ Addition |
| NAME | POWELL, JOHN A | 22 NAME | George Stanley | |
| STREET ADDRESS | 5401 BENCHMARK LN (Remove) | 23 STREET ADDRESS | 450 South SR 427 | |
| CITY-ST-ZIP | SANFORD FL | 24 CITY-ST-ZIP | Longwood, FL 32750 | |
| TITLE | TD | 31 TITLE | Second Vice Chairman | ☑ Change ☐ Addition |
| NAME | MARTIN, JOHN | 32 NAME | William B. Hubbard | |
| STREET ADDRESS | 799 BENNETT DR (Same) | 33 STREET ADDRESS | 1900 Summit Tower Blvd., Suite #510 | |
| CITY-ST-ZIP | LONGWOOD FL | 34 CITY-ST-ZIP | Maitland, FL 32810 | |
| TITLE | VPD | 41 TITLE | Treasurer | ☑ Change ☐ Addition |
| NAME | MCCORKLE, ANDREW | 42 NAME | John Martin | |
| STREET ADDRESS | 1900 SUMMIT TOWER BLVD. (Remove) | 43 STREET ADDRESS | Post Office Box 526100 | |
| CITY-ST-ZIP | ORLANDO FL | 44 CITY-ST-ZIP | Longwood, FL 32752-6100 | |
| TITLE | D | 51 TITLE | ~~Vice President~~ | ☑ Change ☐ Addition |
| NAME | STANLEY, GEORGE | 52 NAME | | |
| STREET ADDRESS | 1040 SE LAKE ST | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | | 62 NAME | JACK UCHWEBNSBRG | |
| STREET ADDRESS | | 63 STREET ADDRESS | PO Drawer 1924 | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | EUSTIS FL. 32727 | |

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)(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: _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073924