## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

766255

(4)

ACADE	MY OF CONSTRUCTION T	RADES, INC.								
Principal Place	e of Business	Mailing Address					0 M1110 01110 14001 0141	II <b>8</b> 111 <b>61611 J</b>	FAFR DIDM DIDM &I	B 17 B 1 B 1 1 1 1 1 1 1
PO BOX 160819 PO BOX 180819 ALTAMONTE SPRINGS FL 32716-0819 ALTAMONTE SPRINGS FL : US US			2716-0819							
1					3	. Date Incorpo 12/22/	rated or Qualified 1 <b>982</b>	3a. (	Date of Last R 05/15/198	eport 96
2. Principal Pi	lace of Business	2a. Mailing Address 26			4	. FEI Number <b>59-224</b>	5953	<b>L</b>	<del></del>	plied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			. Certificate of	Status Desired		\$8.75 / Fee Re	Additional
22   27     27			<del></del>			Clastica Com	naina Cianasian			<del></del>
23 City & State		28 Jan 2011				Trust Fund C	paign Financing ontribution		\$5.00 Added t	
Zip	Country	Ζφ	Country		8	•	ion has liability fo			. 199.032,
24	25		30			Florida Statut	es ddress of New F	Yes		
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10	, Name and A	OCIDER TO REGIOD.	egisteret	Agent	
CACOO MICUARI O										
SASSO, MICHAEL C 1031 WEST MORSE BLVD.			82	Street /	Address (	P.O. Box Numb	er is Not Accept	able)		
STE 200			63		····			····		
WINTER PK FL 32789										
WINTER PA PL 32709			84	City				FI	<b>85</b> Zip (	Code
11. Pursuant office or re agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flo	s, the above uthorized by rida Statutes.	named the corp	corporation's	on submits this board of direct	statement for the ors. I hereby acc	purpose ept the ap	of changing it pointment as	s registered registered
SIGNATURE _			···-				·	<u> </u>		
12.	Signature, typed or printed name of registered 80	ent and title if applicable (NOTE D DIRECTORS	Registered Ager	nt signature			HANGES TO OFF	DATE	ID DIRECTOR	PS IN 12
TITLE	PD DELETE		44.7015		1	·····	·······	TOLING AI	Change	Addition
NAME	BEASLEY, DAVID		1,2 NAME		Ple	Ase S	RP			
STREET ADDRESS	430 WEST DR.		1.3 STREET	ADDRESS	1	ase s adject	سد ۱۲۰			Ì
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST		HU	<i>achec</i>	1157			į
TITLE	CD DELETE		2.1 TITLE						Change	Addition
NAME	BEASLEY, DAVID M		2.2 NAME	2.2 NAME						j
STREET ADDRESS	430 WEST DRIVE		2.3 STREET	ADDRESS	l					Ţ
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32		2.4 CITY-S	T- 71P						
TITLE	VCD DELETE		3.1 TITLE				-		☐ Change	Addition
NAME	STANLEY, GEORGE		3.2 NAME	ļ	[					Ţ
STREET ADDRESS	450 SOUTH SR 427			3.3 STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD FL	DELETE	3.4. CITY - S	r-zip	<b> </b>				Change	Addition
TITLE	VCD HUBBARD, WILLIAM B	X DETELE	4.1 TITLE	ļ	ļ				Change	Addition
NAME - Dobcoo	1900 SUMMIT TOWER BLVD.	CHITE 640	4. 2 NAME							
STREET ADDRESS	MAITLAND FL 32810	SOIL STO	4.3 STREET							j
CITY-ST-ZIP TITLE			4.4 CITY - ST 5.1 TITLE	· ZIP	<del> </del>				Change	Addition
NAME	MARTIN, JOHN	Special Control of	5.2 NAME							
STREET ACORESS	P.O. BOX 526100		53 STREET	ADDRESS	)					1
CITY-ST-ZIP	LONGWOOD FL 32752		5.4 CITY - ST							
TITLE	8	DELETE	6.1 TITLE		1				Change	Addition
NAME	WEINSBERG, JACK		6.2 NAME		1					
STREET ADDRESS	P.O. DRAWER 1924 NA		6.3 STREET	address						
CITY-ST-ZIP	EUSTIS FL 32727		6.4 CITY - ST	-ZIP						Ì

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

SHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diecter 4-30-97

682-3368

**FILED** 

May 12 1997 8:00am

Secretary of State

Daytime Phone # 0013273



## ACADEMY OF CONSTRUCTION TRADES, INC.

PO Box 160819 Altamonte Springs, FL 32716-0819 Phone: (407) 682-3368 Fax: (407) 682-3568

## **EXECUTIVE BOARD MEMBERS**

George W. Stanley, Chairman
Wiginton Fire Sprinklers, Inc.
Post Office Box 520160
Longwood, FL 32752-0160
Phone (407) 831-3414 x 106
Fax (407) 831-5740

Randy Printz, 1st Vice Chairman VC. D Universal Studios Recreation Group 1000 Universal Studios Plaza Orlando, FL 32819-7610 Phone (407) 224-1521 Fax (407) 363-7290

John R. Tritt, 2<sup>nd</sup> Vice Chairman VC O Acousti Engineering Company of Florida 4656 34<sup>th</sup> Street, S.W. Orlando, FL 32811 Phone (407) 425-3467 Fax (407) 422-6502

James J. Rasche, Secretary

Turner Construction Company
800 North Magnolia Avenue
Orlando, FL 32803
Phone (407) 648-1948
Fax (407) 648-0563

Reggie V. Bergeron, Treasurer
Brice Building Company
1900 Summit Tower Blvd. Suite 510
Orlando, FL 32810
Phone (407) 660-8700
Fax (407) 660-8887

David M. Beasley, Past Chairman Tri-City Electrical Contractors, Inc. 430 West Drive Altamonte Springs, Fl 32716 Phone (407) 788-3059 xt. 104 Fax (407) 682-7353

JAMIE BUCK-Managment - M ACT. PO DOX 160819 Altamente SPI FC, San16