FILE NOW: FILING FEE IS $61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90015 024 ****61.25

001322?

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766255**

1. Corporation Name
ACADEMY OF CONSTRUCTION TRADES, INC.

Principal Place of Business	Mailing Address
PO BOX 160819 ALTAMONTE SPRINGS FL 32716-0819 US	PO BOX 160819 ALTAMONTE SPRINGS FL 32716-0819 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/22/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2245953 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SASSO, MICHAEL C
~~1031 WEST MORSE BLVD.~~
~~STE 280~~
~~WINTER PK FL 32789~~

10. Name and Address of New Registered Agent

81 Name: SASSO, Michael C
82 Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave
83 Suite # 2700
84 City: Orlando FL 85 Zip Code: 32801

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, DAVID		1.2 NAME	
STREET ADDRESS	430 WEST DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, DAVID M		2.2 NAME	
STREET ADDRESS	430 WEST DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2. 4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STANLEY, GEORGE		3.2 NAME	
STREET ADDRESS	450 SOUTH SR 427		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN		4. 2 NAME	
STREET ADDRESS	P O BOX 526100 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32752		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WEINSBERG, JACK		5.2 NAME	
STREET ADDRESS	P.O. DRAWER 1924 NA		5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32727		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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, with all other like empowered.

SIGNATURE: Jamie Buck Jamie Buck-Director 4-5-99 407-682-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #