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 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01479 (7)

1. Corporation Name

THE ELEVATOR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 585768 ORLANDO FL 32858	1075 FL CENTRAL PKWY STE 2000 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3486424 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KITTRELL, L C
13219 SUBURBAN TERRACE
KELLARNEY FL 34740

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	V	1.1 TITLE		☐ Change ☐ Addition
NAME	~~GRIFFIN, STEVE~~	1.2 NAME	Tom Vaughn	
STREET ADDRESS	~~7481 NW 66TH ST~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Jacksonville, Fl	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	KETTRELL, L C	2.2 NAME		
STREET ADDRESS	13219 SUBURBAN TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	KILLARNEY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEDD, EDDIE	3.2 NAME		
STREET ADDRESS	6427 OLD WINTER GARDEN RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, DENNIS	4.2 NAME		
STREET ADDRESS	1075 FL CENTRAL PKWY, STE 2000	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, ANTHONY	5.2 NAME		
STREET ADDRESS	115 NW 159TH DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CARRON, JAY	6.2 NAME		
STREET ADDRESS	1748 AUSTRALIAN AVENUE NO.	6.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404	6.4 CITY-ST-ZIP		

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: Dennis M Russell 2/22/95 407-331-0124
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0031615