NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N01479

(7)

THE ELEVATOR ASSOCIATION OF FLORIDA, INC.

Drive in all Disease	-(P'	Nation Addison			
Principal Place	of Business	Mailing Address			
P.O. BOX 58		1075 FL CENTRAL PKWY			
ORLANDO FL	. 32858	STE 2000			
		LONGWOOD FL 32750 US		3. Date Incorporated or Qualified	3a. Date of Last Report
		US		02/16/1984	03/02/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 6427 Old Wi	nter Gard	len RD 59-3486424	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	5.00 May Be
23		Orlando, Flo	orida	Trust Fund Contribution	Added to Fees
Zip	Country	Zip Zin	Country US or	 8. This corporation has liability for int 	
24	25	29 32835 30	usa	Florida Statutes LJ	Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	i. ch.aa	
KITTRELL, L C			B2 Street A	ie Shedd ddress (P.O. Box Number is Not Acceptable)
13219 SUBURBAN TERRACE				S. Hart Blvd.	
KELLARNEY FL 34740			83		
			84 City		85 Zip Code
			1 1 7 2	ando	FL 32835
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes, the	ne above named cor	poration submits this statement for the purp loard of directors. I hereby accept the appoin	ose of changing its registered office
familiar wi	ith, and a cept the obligations of, Section	17.0503, Florida Statutes	y the corporation s t	soard of directors. Thereby accept the appoin	ittilent as registered agent. Fam
SIGNATURE	Shi I. Sh	All FDI	ate L	SHEDD L	1/30/66
	Signature, typed or printed name of registered agent ar	····· ···· · · · · · · · · · · · · · ·	egistered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	'	₩ DELETE	1.1 TITLE	Secretary	Change £ Addition
NAME	VAUGHN, TOM		1.2 NAME	William L. Motley	_
STREET ADDRESS	7481 NW 66TH ST		1.3 STREET ADDRESS	1304 A No. Clearvie	ew Ave
CITY - ST - ZIP	JACKSONVILLE FL	₩ DELE1E	1.4 CITY - ST - ZIP	Tampa, FL 33607	☐ Change
TITLE	KETTRELL, L C	Kinereie	2.1 TITLE	Vice President	Cleunde Ki voortou
NAME			2 2 NAME	Malcolm L. Daigle	
STREET ADDRESS	13219 SUBURBAN TERRACE		2 3 STREET ADDRESS	4543 Power Pine Rd.	
CITY-ST-ZIP	KILLARNEY FL D	DELETE	2. 4 CITY-ST-ZIP	Orlando, FL 32839-	-1579 Addition
TITLE	SHEDD, EDDIE	Drefere	3.1 TITLE	President	PT overide TT vocition
NAME CIDECT ADODESE	6427 OLD WINTER GARDEN R	ח	3.2 NAME	Eddie Shedd	
STREET ADDRESS	ORLANDO FL	NU .	3.3 STREET ADDRESS	6427 Old Winter Gar	rden Rd.
CITY-ST-ZIP TITLE	S S	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Orlando, FL 32835	Change Addition
NAME	RUSSELL, DENNIS	Florerie	4.1 MILE 4. 2 NAME	Director	Talendo Divergioni
STREET ADDRESS	1075 FL CENTRAL PKWY, STE	2000	4.2 NAME 4.3 STREET ADDRESS	Dennis Russell	Nervy Cho 2000
1	LONGWOOD FL	. 2000		1075 Fla. Central F	
CITY-ST-ZIP TITLE	D	₹] DELETE	4.4 CITY - SI - ZIP 5.1 TITLE	Longwood, FL 32750	Change X Addition
NAME	BLACK, ANTHONY	EVI SCELLE	5.2 NAME	Director	
STREET ADDRESS	115 NW 159TH DR		53 STREET ADDRESS	John Taylor	
	MIAMI FL			4427 Exchange Ave.,	Ste 3
CITY-ST-ZIP	D	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Nanles, FL 33942	Change Addition
NAME	CARRON, JAY	Decerie	6.2 NAME		E stands E superior
STREET ADDRESS	1748 AUSTRALIAN AVENUE N	n	6 3 STREET ADDRESS		
	RIVIERA BEACH FL 33404	Ų.			
CITY-ST-ZIP	NIVIERA DEACH FL 33404		6.4 CITY - ST - ZIP		

. 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)(k). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/30/9

(40) 297-3930

R2E037 (12/95)