

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N01479 (7)**

1. Corporation Name

THE ELEVATOR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 585768
ORLANDO FL 32858

Mailing Address

6427 OLD WINTER GARDEN
STE 2000
ORLANDO FL 32835-1347
US3. Date Incorporated or Qualified
02/16/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3486424

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEDD, EDDIE
113 S HART BLVD
ORLANDO FL 32835

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE
NAME **MOTLEY, WILLIAM L.**
STREET ADDRESS **1304 A NO CLEARVIEW AVE**
CITY - ST - ZIP **TAMPA FL**1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **T.M. Baranowski**
1.3 STREET ADDRESS **7050 Tallow Tree Rd.**
1.4 CITY - ST - ZIP **Sanford, FL 32771** ☒ Change ☐ AdditionTITLE **V** ☐ DELETE
NAME **DAIGLE, MALCOLM L.**
STREET ADDRESS **4543 POWER PINE RD**
CITY - ST - ZIP **ORLANDO FL**2.1 TITLE **4543 Towerpine Rd.**
2.2 NAME **Orlando, FL 32839-1579**
2.3 STREET ADDRESS **Treasurer** ☒ Change ☐ AdditionTITLE **P** ☐ DELETE
NAME **SHEDD, EDDIE**
STREET ADDRESS **6427 OLD WINTER GARDEN RD**
CITY - ST - ZIP **ORLANDO FL**3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **John P. Miner**
3.3 STREET ADDRESS **111 N.W. 1st Street, 13th Flr.**
3.4 CITY - ST - ZIP **Miami, FL 33128**TITLE **D** ☒ DELETE
NAME **RUSSELL, DENNIS**
STREET ADDRESS **1075 FLA CENTRAL PKWY SUITE 2000**
CITY - ST - ZIP **LONGWOOD FL**4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Tim Newton**
4.3 STREET ADDRESS **1075 Florida Central Pkwy, #2000**
4.4 CITY - ST - ZIP **Longwood, FL 32750-0124**TITLE **D** ☒ DELETE
NAME **TAYLOR, JOHN**
STREET ADDRESS **4427 EXCHANGE AVE SUITE 3**
CITY - ST - ZIP **NAPLES FL**5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Glenn Burroughs**
5.3 STREET ADDRESS **1975 Tigertail Blvd.**
5.4 CITY - ST - ZIP **Dania, FL 33004**TITLE **D** ☒ DELETE
NAME **CARRON, JAY**
STREET ADDRESS **1748 AUSTRALIAN AVENUE NO.**
CITY - ST - ZIP **RIVERA BEACH FL 33404**6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Glenn Burroughs**
6.3 STREET ADDRESS **1975 Tigertail Blvd.**
6.4 CITY - ST - ZIP **Dania, FL 33004**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDIE SHEDD**4/30/97****(407) 297-3930**

Date

Daytime Phone # 0017772

CR2E037 (9/96)