

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N01534 (9)**

1. Corporation Name

**PRIVATE INDUSTRY COUNCIL OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**1200 W. Colonial Drive  
Orlando, Florida 32804**

Mailing Address

**1200 W. Colonial Drive  
Orlando, Florida 32804**

3. Date Incorporated or Qualified

**02/20/1984**

3a. Date of Last Report

**02/09/1995**

4. FEI Number

**59-1567552**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MCLEOD, JOHN S.  
1200 WEST COLONIAL DRIVE  
ORLANDO, FL 32804**

10. Name and Address of New Registered Agent

81

Name

**LAGOMARSINO, THOMAS S.**

82

Street Address (P.O. Box Number is Not Acceptable)

**1200 WEST COLONIAL DRIVE**

83

84

City

**ORLANDO**

**FL**

85

Zip Code

**32804**

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

*Thomas S. Lagomarsino*

**Thomas S. Lagomarsino, Executive Director**

**03/08/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PDC** ☐ DELETE

**MILLS, LARRY G  
12506 LAKE UNDERHILL ROAD  
ORLANDO, FL 32825**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VSC** ☐ DELETE

**NORRIS, JIM  
2906 17TH STREET  
ST. CLOUD, FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD** ☐ DELETE

**PARKER, STEVE  
200 E. LANDSTREET ROAD  
ORLANDO, FL 32824**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D** ☐ DELETE

**SNEAD, PAUL  
400 W. ROBINSON STREET, STE. 1200  
ORLANDO, FL 32801**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE

*Larry G. Mills*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Larry G. Mills 12 March 1996 (407)826-7190**

Date

Daytime Phone #

CP2E037 (12/95)