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 APR 20 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02390 (5)

1. Corporation Name
PRIVATE INDUSTRY COUNCIL OF SEMINOLE COUNTY, INC

Principal Place of Business	Mailing Address
520 W. LAKE MARY BLVD SUITE 300 SANFORD FL 32773	520 W. LAKE MARY BLVD SUITE 300 SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1984
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-2431490 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

EARL, GARY J
520 W. LAKE MARY BLVD
SUITE 300
SANFORD FL 32773

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SHOEMAKER, GARTH	1.2 NAME	
STREET ADDRESS	400 RHINEHART ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	WRIGHT, DAVID	2.2 NAME	
STREET ADDRESS	555 WINDERLY PL STE 200	2.3 STREET ADDRESS	800 S. ORLANDO AVE.
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	CD	3.1 TITLE	☒ Change ☐ Addition
NAME	KARLSON, ARLENE	3.2 NAME	
STREET ADDRESS	201 PARK PLACE STE. 321	3.3 STREET ADDRESS	
CITY-ST-ZIP	KALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	MCREYNOLDS, E. MACK	4.2 NAME	
STREET ADDRESS	460 E. ALTAMONTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327N
TITLE	M	5.1 TITLE	☒ Change ☐ Addition
NAME	EARL, GARY	5.2 NAME	
STREET ADDRESS	110 DONNA CRCL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	VD	6.1 TITLE	☒ Change ☐ Addition
NAME	TUCKER, JERRY	6.2 NAME	
STREET ADDRESS	200 SOUTH ORANGE AVE.	6.3 STREET ADDRESS	SUITE # 2 NORTH 2301 MAITLAND PKWY CTR
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	MAITLAND, FL 32751

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: _____ GARY J. EARL (407) 321-5627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097719