

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 # **N02390** (5)
1. Corporation Name
PRIVATE INDUSTRY COUNCIL OF SEMINOLE COUNTY, INC



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

3. Date Incorporated or Qualified **04/05/1984** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2431490	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, GARTH	1.2 NAME	STRICKLER, LARRY
STREET ADDRESS	400 RHINEHART ROAD	1.3 STREET ADDRESS	500 N. ORANGE AVE., ROOM 108
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, DAVID	2.2 NAME	BARKER, SANDRA
STREET ADDRESS	800 S ORLANDO AVE	2.3 STREET ADDRESS	1928 HOWELL BRANCH ROAD
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSON, ARLENE	3.2 NAME	KARLSON, ARLENE
STREET ADDRESS	201 PARK PLACE STE. 321	3.3 STREET ADDRESS	201 PARK PLACE STE. 321
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCREYNOLDS, E. MACK	4.2 NAME	WINESBIRGH, BEVERLY
STREET ADDRESS	480 E. ALTAMONTE DRIVE	4.3 STREET ADDRESS	978 DOUGLAS AVE., SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, JERRY	6.2 NAME	HOWELL, JOHN
STREET ADDRESS	2301 N MAITLAND PKWY CTR STE 2	6.3 STREET ADDRESS	200 S. ORANGE AVE., SUITE 2000
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32801

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

Date

(407)321-5627

Daytime Phone

CR2E037 (12/95)