

**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 # N12112 (1)**  
1. Corporation Name

**AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, FLORIDA WEST COAST CHAPTER, INC.**



Principal Place of Business: C/O MARCIA VICNERY, 21 PARK PL BLVD N, CLEARWATER FL 34619 US  
Mailing Address: C/O MARCIA VICNERY, 21 PARK e: BLVD N, CLEARWATER FL 34619 US

3. Date Incorporated or Qualified: 11/15/1985  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 GERALD L. KILTY, 514 HUMPHRIES ROAD, SAFETY HARBOR, FLORIDA, 34621, U.S.  
2a. Mailing Address: 26 GERALD L. KILTY, 514 HUMPHRIES ROAD, SAFETY HARBOR, FLORIDA, 34621, U.S.  
4. FEI Number: 59-2243338  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: VICNERY, MARCIA, 21 PARK e: BLVD N, 11311 CONCEPT BLVD, CLEARWATER FL 34619  
10. Name and Address of New Registered Agent: 81 Name: GERALD L. KILTY, 82 Street Address: 514 HUMPHRIES ROAD, 83, 84 City: SAFETY HARBOR, FL, 85 Zip Code: 34621

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: Gerald L. Kilty (Signature), GERALD L. KILTY (Registered Agent Signature), 4/29/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	VICKERY, MARCIA 21 PARK PL BLVD N CLEARWATER FL	1.1 TITLE: PD	GERALD L. KILTY
NAME:		1.2 NAME:	514 HUMPHRIES ROAD
STREET ADDRESS:		1.3 STREET ADDRESS:	SAFETY HARBOR, FLORIDA 34621
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: VD	KILTY, GERALD L. 514 HUMPHRIES RD SAFETY HARBOR FL	2.1 TITLE: VD	KARON CARPER
NAME:		2.2 NAME:	12296 ARLENE AVENUE
STREET ADDRESS:		2.3 STREET ADDRESS:	SEMINOLE, FLORIDA 34642
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: VD	TORMEY, TOM 1132 SOUTH FLORIDA ST TARPOON SPRINGS FL	3.1 TITLE: VD	ALLEN KNOLLENBERG
NAME:		3.2 NAME:	1716 GROVE DRIVE
STREET ADDRESS:		3.3 STREET ADDRESS:	CLEARWATER, FLORIDA 34619
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: Allen Knollenberg ALLEN KNOLLENBERG, 4/29/96, 813-530-3602 (Date, Daytime Phone #)

CR2E037 (12/95)