

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N12112  
 1. Corporation Name  
 AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY,  
 FLORIDA WEST COAST CHAPTER, INC.

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

2. Principal Place of Business 21 P.O. BOX 20929 Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG, FL Zip Country 24 33742 25	2a. Mailing Address 26 P O BOX 20929 Suite, Apt. #, etc. 27 City & State 28 ST PETERSBURG, FL Zip Country 29 33742 30
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3. Date Incorporated or Qualified 11/15/85	4. FEI Number 59-2243338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	BRUCE BUELL
82 Street Address (P.O. Box Number is Not Acceptable)	888 EXECUTIVE CENTER DR, #101
83	
84 City	ST PETERSBURG FL
85 Zip Code	33702

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: Bruce Buell **BRUCE BUELL** DATE: 4/30/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT + DIRECTOR G K KILTY 2519 McMULLEN BOOTH ROAD CLEARWATER, FL 33761	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE VP + DIRECTOR BARRY BLOOD 2055 ATTACHE CT. CLEARWATER	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER + DIRECTOR BRUCE BUELL 888 EXECUTIVE CENTER DR, #101 ST. PETERSBURG, FL 33702	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP + DIRECTOR RICK COLYAR 6215 68TH DRIVE, E. PALMETTO, FL 34221	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mrs, DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	300002554533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	-06/10/98--01042--028	
6.4 CITY - ST - ZIP	***61.25	

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Buell **BRUCE BUELL** DATE: 4/30/98 813-576-1245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #