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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N12112

1. Corporation Name

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

Principal Place of Business

P.O. BOX 20929  
 ST. PETERSBURG FL 33742  
 US

Mailing Address

P.O. BOX 20929  
 ST. PETERSBURG FL 33742  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/15/1985

4. FEI Number

59-2243338

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

9. Name and Address of Current Registered Agent

BUELL, BRUCE  
~~888 EXECUTIVE CENTER DR.~~  
~~#101~~  
~~ST. PETERSBURG FL 33702~~

*address change only*

10. Name and Address of New Registered Agent

81 Name **BUELL, BRUCE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**701 S. EDISON AVE**  
 83  
 84 City **TAMPA, FL** 85 Zip Code **33606**

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)*

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

(NOTE: Registered Agent signature required when reinstating)

1/7/99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE ~~EVPD~~  DELETE  
 NAME BLOOD, BARRY  
 STREET ADDRESS 2055 ATTACHE COURT  
 CITY-ST-ZIP LARGO FL

TITLE ~~PD~~  DELETE  
 NAME KILTY, GERALD  
 STREET ADDRESS 2519 MCMULLEN BOOTH ROAD  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD  DELETE  
 NAME BUELL, BRUCE  
 STREET ADDRESS 888 EXECUTIVE CENTER DR., #101  
 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE VPD  DELETE  
 NAME COLYAR, RICK  
 STREET ADDRESS 6215 68TH DRIVE E.  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PD*  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE *D*  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Buell* **BRUCE BUELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99  
 Date

813-228-9709  
 Daytime Phone #

CR2E037 (1/198)