

FILE NOW: FILING FEE IS \$61.25 CERTIFIED

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 013 ****61.25

DOCUMENT # N20248

1. Corporation Name

MELBOURNE AREA LOCAL A.P.W.U., INC.

Principal Place of Business

617 STRAWBRIDGE AVE
MELBOURNE FL 32901
US

Mailing Address

PO BOX 1209
MELBOURNE FL 32902-1209
US

536795 - 90220 - 13



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

04/21/1987

4. FEI Number

23-7339054

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GAMBREL, ORVILLE R.
1879 DAWN DRIVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

PETER K. LEHOTSKY

82 Street Address (P.O. Box Number is Not Acceptable)

570 BIRD AVE SE

83

PO BOX 110123

84 City

PALM BAY

FL

85 Zip Code
32911

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

PETER K. LEHOTSKY

SECY-TREAS

990429

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEPD
NAME ORILIO, FRANK
STREET ADDRESS 2516 MAJESTIC AVE
CITY-ST-ZIP MELBOURNE FL 32934TITLE ☐ DELETEVD
NAME MASSETTI, KAREN B
STREET ADDRESS 954 VANGI LANE NE
CITY-ST-ZIP PALM BAY FL 32905TITLE ☐ DELETERS
NAME JEWELL, RONALD L
STREET ADDRESS 1763 WEST SHORES DR
CITY-ST-ZIP MELBOURNE FLTITLE ☐ DELETESCTD
NAME LEHOTSKY, PETER K.
STREET ADDRESS 570 BIRD AVE
CITY-ST-ZIP PALM BAY FLTITLE ☐ DELETED
NAME STUHLMUELLER, LAURA A
STREET ADDRESS 1850 N ONTARIO CIR
CITY-ST-ZIP MELBOURNE FL 32935TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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:

PETER K. LEHOTSKY

SECY-TREAS
990429

407 725 9645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)