

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 4-10-96

B. 3513

DEPARTMENT OF CORPORATIONS C

DOCUMENT # N27433

(4)

1. Corporation Name

CENTRAL FLORIDA SMACNA, INC.

Principal Place of Business

6701 EDGEWATER COMM. PKWY.
ORLANDO FL 32810
US

Mailing Address

6701 EDGEWATER COMM. PKWY
ORLANDO FL 32810
US



3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2949075

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

VICKERS, TIMOTHY K.
6701 EDGEWATER COMMERCE PKWY
ORLANDO FL 32810

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

D
NAME CARVER, RALPH
STREET ADDRESS 2481 DINNEEN AVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

PD
NAME VICKERS, TIMOTHY
STREET ADDRESS 6701 EDGEWATER COMMERCE
CITY-ST-ZIP ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

VD
NAME LAPIN, RONALD
STREET ADDRESS 4030 JOHN YOUNG PKWY
CITY-ST-ZIP ORLANDO FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

STD
NAME FISH, KENNETH
STREET ADDRESS 3367 OVERLAND ROAD
CITY-ST-ZIP APOPKA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Timothy Vickers

4/4/96

(407) 297-7546

Date

Daytime Phone #

CR2E037 (12/95)