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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2949075

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**

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

1.1 TITLE **V/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE **S/T/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LAPIN, RONALD**
STREET ADDRESS **3825 GARDENIA AVE**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **P/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **2106 W. Central Blvd.**
4.4 CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **McGaffigan, Mathew**
5.3 STREET ADDRESS **2481 Dinneen Ave.**
5.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE: **Timothy K. Vickers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy K. Vickers

4/16/97 (407) 297-7546

Date

Daytime Phone # **0077875**

CR2E037 (9/96)