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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N27433**

1. Corporation Name
CENTRAL FLORIDA SMACNA, INC.

Principal Place of Business	Mailing Address
6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US	6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/14/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2949075 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Susan Karr
82 Street Address (P.O. Box Number is Not Acceptable): 6767 N. Wickham Rd Ste 400 BB
83
84 City: MELBOURNE FL 85 Zip Code: 32940

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: Susan E Karr Exec. V.P. DATE: 1.21.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CARVER, RALPH		1.2 NAME	Manuel Santana, Sr.	
STREET ADDRESS	2481 DINNEEN AVE		1.3 STREET ADDRESS	5010 126th Ave. N.	
CITY-ST-ZIP	ORLANDO FL 32804-4289		1.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LAPIN, RONALD		2.2 NAME	Dan Sinclair	
STREET ADDRESS	3825 GARDENIA AVE		2.3 STREET ADDRESS	2220 1st Ave. S.	
CITY-ST-ZIP	ORLANDO FL 32839-8699		2.4 CITY-ST-ZIP	St Petersburg, FL 33713	
TITLE	ST	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	TATHAM, EDNA		3.2 NAME	Charles Edwards	
STREET ADDRESS	2845-21 AVE N		3.3 STREET ADDRESS	10606 SR 579	
CITY-ST-ZIP	ST PETERSBURG FL 33713-4203		3.4. CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FISH, KENNETH		4. 2 NAME	John P. Morrell	
STREET ADDRESS	2106 W CENTRAL BLVD		4.3 STREET ADDRESS	5402 W. Linebaugh Ave.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCGAFFIGAN, MATHEW		5.2 NAME	Timothy K. Vickers	
STREET ADDRESS	2481 DINNEEN AVE		5.3 STREET ADDRESS	6701 Edgewater Commerce Pkwy	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TATHAM, ALBERT		6.2 NAME		
STREET ADDRESS	2845-21 AVE N		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-4203		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Ralph E Carver SIGNATURE REQUIRED RALPH E. CARVER 1-14-99 407-295-0220.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #