## FILE NOW: FILING FEE IS \$61.25

Country

DAVIS, MARK L.

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

2701 INDUSTRIAL AVENUE 2

FORT PIERCE FL 34946

25 MARTIN

9. Name and Address of Current Registered Agent

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name N28840 (9) ALL COUNTY ELECTRICAL CONTRACTORS ASSOCIATION, I - N HRANICEN BYD YNDAU LLLEG HANN RHÂN BAGIN BABY BYDN BADY RICH DILLD GYDN CHÂN NC. Principal Place of Business Mailing Address 2701 INDUSTRIAL AVENUE 2 FORT PIERCE FL 34946 2701 INDUSTRIAL AVENUE 2 3. FORT PIERCE FL 34946 4. 2. Principal Place of Business 2a. Malling Address 3341 SE. SLATER ST. 6. 3341 S.E. SLATER ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 6. STUART, Florida City & State 7. stuait

34997

**FILED** Apr 29 1998 8:00am Secretary of State

T EMPANDE TIS TADRI TOLOK LOKAL OLILIY OBAL BLOK GYAKI OLOKI BADIL OYALL OYAH HALI				
Date Incorporated or Qualified				
10/13/1988				
FEI Number			Applied For	
59-2844149			Not Applicable	
Certificate of Status Desired		\$	8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
ls this nonprofit corporation a h	omeowi	ners as		

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

4/6/28

WORRELL

Street Address (P.O. Box Number is Not Acceptable)
3341 S.E. SLATER STREE

Name and Address of New Registered Agent

Yes

The Pursuant to the provisions of sections of 17.0502 and 617.1508, Florida Statutes, the above-harded corporation submits this statement for the purpose of changings 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 abbigations of, Section 617.0503, Florida Statutes.  SIGNATURE					
SIGNATURE .	Ofgnature, typed or printed name of registered agent and title if applicable. (NOTE	Registered Agent signature requ	lired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	DAVIS, MARK	12 NAME			
STREET ADDRESS	1609 HISPANA AVE.	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	WORRELL, JOHN	2.2 NAME			
STREET ADDRESS	SHOW S.E. DINE HWY 3341 SES LATELST	2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34497	2. 4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE	Change Addition		
NAME	COOK, WAYNE	3.2 NAME			
STREET ADDRESS	1501 DECKER AVENUE, #521	3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL	3.4. CITY-ST-ZIP			
TITLE	Delete Delete	4.1 TITLE	Change Addition		
NAME	BARGER, JAN	4. 2 NAME			
STREET ADDRESS	1501 DECKER AVENUE, K#503	4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP			
TITLE	<b>→</b> DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME	UDSUL, CHARLES 4786 S.E. RAKWAY AUR	5.2 NAME			
STREET ADDRESS	47865.6. KAKUMT 400	5.3 STREET ADDRESS			
CITY-ST-ZIP	STUDET, FT 34997	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		

6.3 STREET ADDRESS

14. Thereby 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 ceth; that I am an officer or director of the corporation or the receiver or yis stee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13. Changed or an attachment with an address.

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City STUARI