

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32590

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** UTILITY CONTRACTORS ASSOCIATION OF NORTH FLORIDA INC.

**Current Principal Place of Business:**

4110 SOUTHPOINT BLVD  
STE 106  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4110 SOUTHPOINT BLVD  
SUITE 106  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-2950586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, FULFORD, MOORHEAD & WITTEK, P.A.  
145 N. MAGNOLIA AVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARRON, BILL  
Address: 9100 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TS ( ) Delete  
Name: RICHARD BASYE,  
Address: 6854 DISTRIBUTION AVENUE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: WILSON, RUSSELL  
Address: 11932 NORTH STATE RD 121  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: JOHNS, KIM  
Address: 3225 ANNISTON RD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: BOWMASTER, BLAKE  
Address: 9692 FLORIDA MINING BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: P ( ) Delete  
Name: JOHNS, RICK  
Address: 10439 ALTA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BARRON, BILL  
Address: 9100 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TS (X) Change ( ) Addition  
Name: BASYE, RICHARD  
Address: 6854 DISTRIBUTION AVENUE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition  
Name: KELECIUS, TOM  
Address: 14165 N. MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOHNS, RICK  
Address: 10439 ALTA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BARRON

P

01/06/2006

Electronic Signature of Signing Officer or Director

Date