

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2006
Secretary of State

DOCUMENT# N32590

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:** P () Delete
Name: BARRON, BILL
Address: 9100 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256**Title:** TS () Delete
Name: BASYE, RICHARD
Address: 6854 DISTRIBUTION AVENUE
City-St-Zip: JACKSONVILLE, FL 32256**Title:** D () Delete
Name: KELECIUS, TOM
Address: 14165 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218**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:** D () Delete
Name: JOHNS, RICK
Address: 10439 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BRYAN, KIM
Address: 3225 ANNISTON RD
City-St-Zip: JACKSONVILLE, FL 32246**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: PINOVER, BRAD
Address: 1147 1ST AVENUE S,
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

10/20/2006

Electronic Signature of Signing Officer or Director

Date