FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45689 (9)

1. Corporation Name

MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINI NG COMMITTEE G.N.J. PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 292012 PORT ORANGE FL 32129	P.O. BOX 292012 PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3116870 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GAILEY, HENRY W
513 POWERS AVE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 1254 LPGA Blvd.
83: Apt. D
84 City: Holly Hill FL 85 Zip Code: 32117

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	11 TITLE	☐ Change ☐ Addition
NAME	WHALEY, MICHAEL	12 NAME	
STREET ADDRESS	431 OAK PARK CIR	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	same ☐ Change ☐ Addition
NAME	GAILEY, HENRY W	22 NAME	same
STREET ADDRESS	513 POWERS AVE	23 STREET ADDRESS	1254 LPGA Blvd., Apt. D
CITY-ST-ZIP	PORT ORANGE FL	24 CITY-ST-ZIP	Holly Hill, FL. 32117
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, BILLY E	32 NAME	
STREET ADDRESS	6222 SANTA MONICA DR	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	RANEW, BILL	42 NAME	
STREET ADDRESS	4025 BEXHILL DR	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LARRY C	52 NAME	
STREET ADDRESS	834 MAGNOLIA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LUKE, JERRY W	62 NAME	
STREET ADDRESS	482 HAND AVE	63 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: Henry W. Gailey (Henry W. Gailey) 1/17/95 255-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0093706