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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32129-2012

3. Date Incorporated or Qualified: **10/21/1991**
3a. Date of Last Report: **03/05/1996**

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

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
1254 LPGA BLVD.
APT. D
HOLLYHILL FL 32117

10. Name and Address of New Registered Agent

81 Name: Joseph P. Wiggins
82 Street Address (P.O. Box Number is Not Acceptable): 913 Peninsula Drive
83
84 City: Ormond Beach, FL 85 Zip Code: 32174

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: Joseph P. Wiggins (Joseph P. Wiggins) DATE

(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	P/D	☐ Change ☐ Addition
NAME	WHALEY, MICHAEL		1.2 NAME	Ranew, Bill	
STREET ADDRESS	431 OAK PARK CIR		1.3 STREET ADDRESS	4025 Bexhill Drive	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	S	☐ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	GAILEY, HENRY W		2.2 NAME	Joseph P. Wiggins	
STREET ADDRESS	1254 LPGA BLVD. APT D		2.3 STREET ADDRESS	913 Peninsula Drive	
CITY-ST-ZIP	HOLLYHILL FL		2.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WIGGINS, BILLY E		3.2 NAME		
STREET ADDRESS	6222 SANTA MONICA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	RANEW, BILL		4.2 NAME	Rick W. Connerly	
STREET ADDRESS	4025 BEXHILL DR		4.3 STREET ADDRESS	803 Knollview Blvd.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	WILLIAMS, LARRY C		5.2 NAME	Gailey, Henry W.	
STREET ADDRESS	834 MAGNOLIA AVE		5.3 STREET ADDRESS	112 Powell Blvd., Apt. 4105	
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	CONNERLY, RICK W		6.2 NAME	Michael Lynch	
STREET ADDRESS	803 KNOLLVIEW BLVD		6.3 STREET ADDRESS	2254 Green Street	
CITY-ST-ZIP	ORMOND BEACH FL		6.4 CITY-ST-ZIP	South Daytona Fl. 32121	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Joseph P. Wiggins (JOSEPH WIGGINS) 1/21/97 (904) 252-0573

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone Number