

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **N46236** (8)

1. Corporation Name

**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,
SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

15665 MIAMI LAKEWAY, #302
MIAMI LAKES FL 33014-2131

15665 MIAMI LAKEWAY, #302
MIAMI LAKES FL 33014-2131



3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLSTEIN, ROBERT W
15665 MIAMI LAKEWAY #302
MIAMI LAKES FL 33014**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **HIGGINS, JACK**
STREET ADDRESS **6900 NE 4 CRT**
CITY-STATE-ZIP **MIAMI FL**

11 TITLE **P** ☒ Change ☐ Addition
12 NAME **ROBERT W. ANDREWS**
13 STREET ADDRESS **12316 SW 117 CRT**
14 CITY-STATE-ZIP **MIAMI, FL 33186**

TITLE **S** ☐ DELETE
NAME **SNELLING, AL**
STREET ADDRESS **6187 NW 167 ST #H3**
CITY-STATE-ZIP **HAIALEAH FL**

21 TITLE **S** ☒ Change ☐ Addition
22 NAME **HARRY CHILDS**
23 STREET ADDRESS **13610 SW 142 AVE**
24 CITY-STATE-ZIP **MIAMI, FL 33186**

TITLE **T** ☐ DELETE
NAME **CHILDS, HARRY**
STREET ADDRESS **13610 SW 142 AVE**
CITY-STATE-ZIP **MIAMI FL**

31 TITLE **T** ☒ Change ☐ Addition
32 NAME **JOHN GAYMAN**
33 STREET ADDRESS **10440 SW 184 TERR**
34 CITY-STATE-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ DELETE
NAME **DANIEL, TOM**
STREET ADDRESS **5521 NW 84 AVE**
CITY-STATE-ZIP **MIAMI FL**

41 TITLE **D** ☒ Change ☐ Addition
42 NAME **JACK HIGGINS**
43 STREET ADDRESS **6900 NE 4 CRT**
44 CITY-STATE-ZIP **MIAMI FL 33138**

TITLE **D** ☐ DELETE
NAME **CRAWFORD, BILL**
STREET ADDRESS **3925 S.W. 82 AVENUE**
CITY-STATE-ZIP **MIAMI FL 33155**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **AL SNELLING**
53 STREET ADDRESS **6187 NW 167 ST #H-3**
54 CITY-STATE-ZIP **MIAMI FL 33015**

TITLE **D** ☐ DELETE
NAME **REEVE, JACK**
STREET ADDRESS **8750 S.W. 132 STREET**
CITY-STATE-ZIP **MIAMI FL 33176**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **FRANK HEGEDUS**
63 STREET ADDRESS **885 NE 79 ST**
64 CITY-STATE-ZIP **MIAMI, FL 33138**

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)(k), 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:

Jack Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK HIGGINS

Date

2/13/96 305-7591665
Daytime Phone #

CR2E037 (12/95)