

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90017 018 \*\*\*\*61.25

DOCUMENT # N46236

1. Corporation Name

INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,  
SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/02/1991

4. FEI Number

65-0434817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	HARRY B CHILDS III	13610 SW 142ND AVE	MIAMI FL 33186	<input type="checkbox"/>
S	FRED LOESCHE	8280 NW SOUTH RIVER DR	MIAMI FL 33186	<input type="checkbox"/>
T	ALAN SIMS	1080 SE 9TH CRT	HIALEAH FL 33010	<input type="checkbox"/>
D	ROBERT W ANDREWS	12316 SW 117 CRT	MIAMI FL 33186	<input type="checkbox"/>
D	JACK HIGGINS	6900 NE 4TH CRT	MIAMI FL 33138	<input type="checkbox"/>
D	AL SNELLING	6187 NW 167TH ST #H-3	MIAMI FL 33015	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
P	JOHN GAYMAN	10465 SW 184 TERR	MIAMI FL 33157	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
S	ALAN SIMS	1089 SE 9TH COURT	HIALEAH FL 33010	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
T	JIM MORAN	13288 SW 120 ST	MIAMI FL 33186	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
D	HARRY CHILDS III	13610 SW 142 AVE	MIAMI FL 33186	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
D	JACK HIGGINS	6900 NE 4 COURT	MIAMI FL 33138	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
D	CALVIN SAMUELS	481 NE 189 ST.	MIAMI FL 33179	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GAYMAN

1/6/99

305/238-9781

Date

Daytime Phone #

CR2E037 (11/98)