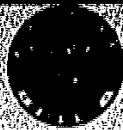


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Brenda S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004972 (6)

1. Corporation Name

**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,
FLORIDA WEST COAST CHAPTER, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1993** 3a. Date of Last Report **04/18/1994**
4. FEI Number **57-322-0987** Applied For ☐ Not Applicable ☐

Principal Place of Business Mailing Address
**9500
STE 103
ST. PETERSBURG FL 33702-433
US** **9500 KOGER BLVD.
STE 103
ST. PETERSBURG FL 33702-433
US**

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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMID, THOMAS W
9500 KOGER BLVD.
STE 103
ST. PETERSBURG FL 33702-2433**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LOCICERO, ANTHONY**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**
TITLE **D**
NAME **TAYLOR, ROBERT**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**
TITLE **D**
NAME **MILLER, DONALD**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**
TITLE **D**
NAME **COX, LAWRENCE**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**
TITLE **D**
NAME **DOYLE, R H JR.**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**
TITLE **D**
NAME **LIGHTNER, JERRY**
STREET ADDRESS **9500 KOGER BLVD STE 103**
CITY-ST-ZIP **ST. PETERSBURG FL 33**

1.1 TITLE **700001462087**
1.2 NAME **-04/21/95--01018--010**
1.3 STREET ADDRESS ******130.00 ****130.00**
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **DT** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **DV** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **DP** ☐ Change ☐ Addition
5.2 NAME **Doyle, R H Jr**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **TLS. 4/19/95** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Locicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Locicero

04/04/95 (813) 577-7353

Date

Telephone Area #