CORPORATION ANNUAL REPORT 1995

Florida Department of State
Bruce A. Smathers
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.

| Principal Place of Business | Mailing Address |
|---|---|
| 9500<br>STE 103<br>ST. PETERSBURG FL 33702-433<br>US | 9500 KOGER BLVD.<br>STE 103<br>ST. PETERSBURG FL 33702-433<br>US |

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: 59-3220987 APPLIED FOR ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No |

9. Name and Address of Current Registered Agent

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

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 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 | D | 1.1 TITLE | 700001462081 ☐ Change ☐ Addition |
| NAME | LOCICERO, ANTHONY | 1.2 NAME | -04/21/95--01018--010 |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 1.3 STREET ADDRESS | ****130.00 ****130.00 |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TAYLOR, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | DT ☐ Change ☐ Addition |
| NAME | MILLER, DONALD | 3.2 NAME | |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | DV ☐ Change ☐ Addition |
| NAME | COX, LAWRENCE | 4.2 NAME | |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | DP ☐ Change ☐ Addition |
| NAME | DOYLE, R H JR. | 5.2 NAME | Doyle, R H Jr |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | TS. 4/19/95 ☐ Change ☐ Addition |
| NAME | LIGHTNER, JERRY | 6.2 NAME | |
| STREET ADDRESS | 9500 KOGER BLVD STE 103 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33 | 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)(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: [signature] Anthony Locicero 04/04/95 (813) 577-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085488