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**May 15, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Kathleen M. Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004710**

1. Corporation Name

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

Principal Place of Business

6670 WHITE DRIVE  
SUITE B  
WEST PALM BEACH FL 33407

Mailing Address

6670 WHITE DRIVE  
SUITE B  
WEST PALM BEACH FL 33407



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

65-0612647

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

9. Name and Address of Current Registered Agent

**RAO, JOE  
6670 WHITE DRIVE, SUITE B  
WEST PALM BEACH FL 33407**

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 PD  
NAME JAMES STRATTON  
STREET ADDRESS 7546 ENTERPRISE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33404 ☐ DELETE

TITLE VD  
NAME SULLIVAN, GARY T  
STREET ADDRESS 2115 7TH AVE. NORTH, BAY 8  
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ DELETE

TITLE VD  
NAME DONALD SHARKEY  
STREET ADDRESS 1620 HILL AVE.  
CITY-ST-ZIP MANGONIA PARK FL 33407 ☐ DELETE

TITLE SD  
NAME JOE GODFREY  
STREET ADDRESS 1222 OMAR RD  
CITY-ST-ZIP W PALM BCH FL 33405 ☐ DELETE

TITLE TD  
NAME JOE RAO  
STREET ADDRESS 6670 WHITE DR #B  
CITY-ST-ZIP W PALM BCH FL 33407 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED** JAMES STRATTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (561) 848-1010

CR2E037 (11/98)