

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003181 (2)**

1. Corporation Name

**INDEPENDENT ELECTRICAL CONTRACTORS OF SOUTHWEST
FLORIDA, INC.**

Principal Place of Business

Mailing Address

**94 SECOND STREET SOUTH
NAPLES FL 33940-5909**

**94 SECOND STREET SOUTH
NAPLES FL 33940-5909**

2. Principal Place of Business

2a. Mailing Address

21 **2520-D Davis Blvd.**

26 **2520-D Davis Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Naples, FL**

28 **Naples, FL**

24 Zip

Country

29 Zip

Country

25 **34104**

26 **Collier**

30 **34104**

31 **Collier**

9. Name and Address of Current Registered Agent

**MCCARTHEY, EDWARD F
94 SECOND STREET SOUTH
NAPLES FL 33940-5909**

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0662253

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

William Van Duyn

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

3773 Domestic Avenue

83

84 City

Naples

FL

85 Zip Code

34104

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

3/3/98

12. OFFICERS AND DIRECTORS

TITLE	TD	DELETE
NAME	NUSZ, MARVIN	
STREET ADDRESS	4273 ENTERPRISE AVENUE	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWTON, DENNIS	
STREET ADDRESS	3984 PROGRESS AVENUE	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, TIM	
STREET ADDRESS	1246 HILLTOP DRIVE	
CITY-ST-ZIP	NAPLES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BALTERMAN, CINDY	
STREET ADDRESS	2016-A TRADE CENTER WAY	
CITY-ST-ZIP	NAPLES FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN DUYN, WILLIAM	
STREET ADDRESS	4273 ARNOLD AVENUE	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWEILER, TRACY	
STREET ADDRESS	4427 EXCHANGE AVENUE STE C	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Van Duyn, William
5.4 CITY-ST-ZIP	3773 Domestic Avenue

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Naples, FL 34104
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.

SIGNATURE:

WILLIAM VAN DUYN

3/3/98

941-417-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # none in

CR2E037 (10/97)