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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003234 (9)

1. Corporation Name

APPRENTICESHIP COUNCIL OF TRADES, INC.



Principal Place of Business

Mailing Address

94 SECOND STREET SO.
NAPLES FL 33940-5909

94 SECOND STREET SO.
NAPLES FL 34102-5909

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

13 June 96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0662255

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHEY, EDWARD F
94 SECOND STREET SO.
NAPLES FL 33940-5909

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 *Edward F. McCarthy*
Signature, typed or printed name of registered agent and this applicable.

Edward F. McCarthy
(NOTE: Registered Agent signature required when reinstating)

941-417-2233
3-5-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME NUSZ, MARVIN
STREET ADDRESS 4273-B ENTERPRISES AVE.
CITY-ST-ZIP NAPLES FL 33042

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SCHUBRING, ROBERT
STREET ADDRESS 2806 HORSESHORE DRIVE SO
CITY-ST-ZIP NAPLES FL 33942

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BIERLEY, JAME
STREET ADDRESS 4303-A EXCHANGE AVENUE
CITY-ST-ZIP NAPLES FL 33942

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BALTERMAN, CINDY
STREET ADDRESS POST OFFICE BOX 7787 NA
CITY-ST-ZIP NAPLES FL 33940

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SAMOL, NORMAN
STREET ADDRESS 5750 WASHINGTON AVENUE
CITY-ST-ZIP NAPLES FL 33942

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MELONEY, DAVID
STREET ADDRESS 1916 49TH TERRACE SW
CITY-ST-ZIP NAPLES FL 33999

6.1 TITLE ☐ 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 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 *Marvin Nusz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

941-5661669
Date Daytime Phone # 0056637

CR2037 (9/96)