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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004109

1. Corporation Name
FLORIDA WEST COAST JOINT TRAINING ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
5619 N 50TH STREET TAMPA FL 33610	5619 N 50TH STREET TAMPA FL 33610

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 07/13/1998
4. FEI Number: ☑ Applied For ☐ Not Applicable
5. Certifcate 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

SLOAN, MICHAEL
C/O SHEET METAL WORKERS LOCAL
5619 N 50TH ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: Philip A. Hunt
82 Street Address (P.O. Box Number is Not Acceptable): C/O Sheet Metal Workers Lu. #15
83: 5619 N. 5TH STREET
84 City: TAMPA, FL FL 85 Zip Code: 33610

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: Philip A. Hunt Philip A. Hunt IRONWORKER 3/31/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COPPERSMITH, ROBERT R		1.2 NAME		
STREET ADDRESS	PO BOX 4478 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33677		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LARRY		2.2 NAME		
STREET ADDRESS	PO BOX 18 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MANGO FL 33550		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, FAL		3.2 NAME	FAL JOHNSON	
STREET ADDRESS	4418 FLORIDA NATIONAL DR		3.3 STREET ADDRESS	4418 FLORIDA NATIONAL DR	
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SLOAN, MICHAEL		4.2 NAME	PHILIP A. HUNT	
STREET ADDRESS	5619 N 50TH STREET		4.3 STREET ADDRESS	5619 N. 50TH STREET	
CITY-ST-ZIP	TAMPA FL 33610		4.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	KELLY, DELORES		5.2 NAME	CHUCK KRONZ	
STREET ADDRESS	10201 E HILLSBOROUGH AVE		5.3 STREET ADDRESS	4020 80TH AVE. N.	
CITY-ST-ZIP	MANGO FL 33550		5.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KARR, SUSAN		6.2 NAME	SUSAN KARR	
STREET ADDRESS	2515 N 124TH ST, STE 200		6.3 STREET ADDRESS	CENTRAL FLORIDA SMACNA, INC	
CITY-ST-ZIP	BROOKFIELD WI 53005		6.4 CITY-ST-ZIP	6767 N. WICKHAM RD # 400 MELBOURNE, FL 32940	

CR2E037 (11/98)

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: Philip A. Hunt **REQUIRED** 3/8/99 (813) 628-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #