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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 708704 (2)
1. Corporation Name
BUILDERS ASSOCIATION OF GREATER TAMPA, INC.



Principal Place of Business: 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609 US
Mailing Address: 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609 US

3. Date Incorporated or Qualified: 03/26/1965
4. FEI Number: 59-0735336
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

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

9. Name and Address of Current Registered Agent
NARKIEWICZ, JOSEPH A
2918 W. KENNEDY BLVD
STE 201
TAMPA FL 33609

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: *Joseph Narkiewicz* JOSEPH NARKIEWICZ Exec VP 5/22/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	FOWKE, JOHN C.	
STREET ADDRESS	128 W. ROBERTSON	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	STASZAK, MAX	
STREET ADDRESS	2312 EAGLE BLUFF DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TPD	<input type="checkbox"/> DELETE
NAME	GRIGG, MICHELLE	
STREET ADDRESS	6703 N. HIMES AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TVPD	<input type="checkbox"/> DELETE
NAME	TRIPP, DOUG	
STREET ADDRESS	12973 TELECOM PKWY. N.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ACKER, DAVE	
STREET ADDRESS	5421 WINDBUSH DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DARLINGTON, MARGO	
STREET ADDRESS	4815 NO BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIKE SOUTHWARD	
1.3 STREET ADDRESS	3550 BUSHWOOD PARK DR, STE 210	
1.4 CITY-ST-ZIP	TAMPA, FL 33618	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUDY JAMES	
2.3 STREET ADDRESS	325 S BOULEVARD	
2.4 CITY-ST-ZIP	TAMPA, FL 33606	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANK SCIMECA	
3.3 STREET ADDRESS	2402 N 56th St, Ste 890	
3.4 CITY-ST-ZIP	TAMPA, FL 33617	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TED CHRONIS	
4.3 STREET ADDRESS	26750 US HWY 19 N, Ste 301	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 5/27/98 813-933-4424

CR2E037 (10/97)