

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 714252 (4)

1. Corporation Name
ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA, INC.

Principal Place of Business 4821 N. CLARK AVE P.O. BOX 152107 TAMPA FL 33684-2107	Mailing Address 4821 N. CLARK AVE P.O. BOX 152107 TAMPA FL 33684-2107
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1968	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1957412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**..CARSON, LEONARD A.
1711-D MAHAN DRIVE
MAHAN STATION
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (BLOCK Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	WILLIAMS, HARRY 111 RIVERSIDE AVE. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP	JENNINGS, JEFF 1030 WILFRED DR. ORLANDO FL 32803-2572
TITLE NAME STREET ADDRESS CITY ST ZIP	D CONA, STEVE 4821 N. CLARK TAMPA FL
TITLE NAME STREET ADDRESS CITY ST ZIP	P ROBERTSON, JIM 1360 N.W. 33RD STREET POMPANO BEACH FL 33084
TITLE NAME STREET ADDRESS CITY ST ZIP	T SCHOEWE, DAVID 4414 AZEELE TAMPA FL
TITLE NAME STREET ADDRESS CITY ST ZIP	5/1/95 MS

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	300001504163
3 3 STREET ADDRESS	-06/02/95--01019--009
3 4 CITY ST ZIP	***130.00 ***130.00
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	P
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	

RENEWED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steve P. Cona Executive Director 5/1/95 (813)879-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR