

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 03/14/1968
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1957412		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			\$5.00 May Be Added to Fees
25	Country	29	Zip	6	Election Campaign Financing Trust Fund Contribution	
30	Country	30	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: James Linn
82 Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe St.
83 Suite 702
84 City: Tallahassee FL 85 Zip Code: 32302

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: *James Linn* James Linn DATE: 3/18/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating!)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HARRY	1.2 NAME	Robertson, Jim
STREET ADDRESS	111 RIVERSIDE AVE.	1.3 STREET ADDRESS	1360 N.W. 33rd St.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33004
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JEFF	2.2 NAME	Jennings, Jeff
STREET ADDRESS	1030 WILFRED DR.	2.3 STREET ADDRESS	1030 Wifred Drive
CITY-ST-ZIP	ORLANDO FL 32803-2572	2.4 CITY-ST-ZIP	Orlando, FL 32803-2572
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONA, STEVE	3.2 NAME	Horstman, George
STREET ADDRESS	4821 N. CLARK	3.3 STREET ADDRESS	1708 North A Street
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, JIM	4.2 NAME	Poole, Barry
STREET ADDRESS	1360 N.W. 33RD STREET	4.3 STREET ADDRESS	1641 A Metropolitan Cir.
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOEWE, DAVID	5.2 NAME	Cona, Steve, Jr.
STREET ADDRESS	4414 AZEELE	5.3 STREET ADDRESS	4821 N. Clark Ave.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, Jr.* Steve P. Cona, Jr. (TD) (813)879-8064
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)