

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified 03/14/1968  
3a. Date of Last Report 03/26/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1957412 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. 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

LINN, JAMES  
215 S MONROE ST  
SUITE 702  
TALLAHASSEE FL 32302

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETED  
NAME ROBERTSON, JIM  
STREET ADDRESS 1380 NW 33RD ST  
CITY-ST-ZIP POMPANO BCH FL

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

TITLE VP DELETED  
NAME JENNINGS, JEFF  
STREET ADDRESS 1030 WILFRED DR.  
CITY-ST-ZIP ORLANDO FL

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

TITLE TD DELETED  
NAME CONA, STEVE  
STREET ADDRESS 4821 N. CLARK  
CITY-ST-ZIP TAMPA FL

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

TITLE T DELETED  
NAME ROBERTSON, JIM  
STREET ADDRESS 1380 N.W. 33RD STREET  
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE VD DELETED  
NAME HORSTMAN, GEORGE  
STREET ADDRESS 1708 NORTH 'A' ST  
CITY-ST-ZIP TAMPA FL

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

TITLE SD DELETED  
NAME POOLE, BARRY  
STREET ADDRESS 1641 A METROPOLITAN CIR  
CITY-ST-ZIP TALLAHASSEE FL

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: *Steve P. Cona Jr.* REQUIRED: Cona JR. 5/7/97 813/879-8064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048311

CR2E037 (9/96)