


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham 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	
4. FEI Number 59-1057412	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**1 LNN, JAMES
215 S MONROE ST
SUITE 702
TALLAHASSEE FL 32302**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JIM	1.2 NAME	George Horstman
STREET ADDRESS	1380 NW 33RD ST	1.3 STREET ADDRESS	3483 Alternate 19
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JEFF	2.2 NAME	Gajewski, Jim
STREET ADDRESS	1030 WILFRED DR.	2.3 STREET ADDRESS	4501 Beverly Avenue
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONA, STEVE	3.2 NAME	Roeback, Grey
STREET ADDRESS	4821 N. CLARK	3.3 STREET ADDRESS	P.O. Box 555688 N/A
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Orlando, FL 32855
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JIM	4.2 NAME	Steve Corn
STREET ADDRESS	1380 N.W. 33RD STREET	4.3 STREET ADDRESS	4317 N. St. Rd. 7
CITY-ST-ZIP	POMPANO BEACH FL 33084	4.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33319
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSTMAN, GEORGE	5.2 NAME	Cyndi Lear
STREET ADDRESS	1708 NORTH 'A' ST	5.3 STREET ADDRESS	625 W. Gaines Street
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, BARRY	6.2 NAME	
STREET ADDRESS	1841 A METROPOLITAN CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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]* **GEORGE H. HORSTMAN** 1/28/98

CR2E037 (10/97)