

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90043 007 ****61.25

0051996

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714252

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

527939 - 90043 - 7

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



2. Principal Place of Business 21 4725 N. LOIS AVE.	2a. Mailing Address 26 P.O. BOX 152107	3. Date Incorporated or Qualified 03/14/1968
Suite, Apt. #, etc. 22 Suite 230	Suite, Apt. #, etc. 27	4. FEI Number 59-1957412
City & State 23 Tampa, FL	City & State 28 Tampa, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33684-2107 25 USA	Zip Country 29 33684-2107 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LINN, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HORSTMAN, GEORGE 3483 ALTERNATE 19 PALM HARBOR FL 34683	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ED STEVE P. CONA, JR. 4725 N. LOIS AVE, TAMPA, FL 33684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAJEWSKI, JIM 4501 BEVERLY AVENUE JACKSONVILLE FL 33210	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBECK, GREY P.O. BOX 555688 N/A ORLANDO FL 32855	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORN, STEVE 4317 N. ST. RD. 7 LAUDERDALE LAKES FL 33319	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEAR, CYNDI 625 W. GAINES STREET TALLAHASSEE FL 32304	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, BARRY 1641 A METROPOLITAN CIR TALLAHASSEE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Steve P. Cona, Jr. **NOT REQUIRED** 4/28/99 (813) 879-8064
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)