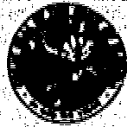


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714383** (7)

1. Corporation Name
FLORIDA EAST COAST CHAPTER OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.

Principal Place of Business Mailing Address
2617 AUSTRALIANA AVENUE WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1968	3a. Date of Last Report 08/24/1994
4. FBI Number 59-0600117	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**MCBANE, LOUIS R
515 N. FLAGLER DR., 19TH FLOOR
WEST PALM BEACH FL 33401-1307**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, CHARLES S.
STREET ADDRESS	1130 ELIZABETH AVE.
CITY-ST-ZIP	W. PALM BCH FL
TITLE	SV
NAME	JOHNSON, SCOTT J
STREET ADDRESS	604 HILLBRATH DR
CITY-ST-ZIP	LANTANA FL
TITLE	V
NAME	POSTON, W. ALLEN
STREET ADDRESS	2350 SOUTH CONGRESS AVE.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S
NAME	HUNLEY, J. MICHAEL
STREET ADDRESS	P.O. BOX 6746
CITY-ST-ZIP	VERO BEACH FL
TITLE	T
NAME	GLADWIN, R.F. SKIP
STREET ADDRESS	825 PARKWAY ST. #10
CITY-ST-ZIP	JUPITER FL
TITLE	PP
NAME	KNIGHT, EDWARD J.
STREET ADDRESS	3600 INVESTMENT LANE
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott J. Johnson
1.3 STREET ADDRESS	604 Hillbrath Dr. Director
1.4 CITY-ST-ZIP	Lantana, FL 33462
2.1 TITLE	SV-Allen, W. Poston <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2350 South Congress Ave. Director
2.3 STREET ADDRESS	Delray Beach, FL 33445
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Duane Drazdy
3.3 STREET ADDRESS	10201 Lantana Road Director
3.4 CITY-ST-ZIP	Lake Worth, FL 33467
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ronald E. Ewing
4.3 STREET ADDRESS	100 Vista Royale Blvd. Director
4.4 CITY-ST-ZIP	VERO BEACH, FL 32916-2-5732
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same
5.3 STREET ADDRESS	Director
5.4 CITY-ST-ZIP	
6.1 TITLE	Post President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Charles S. Adams
6.3 STREET ADDRESS	1180 Elizabeth Ave. Director
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401-6916

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 in any attachment with an address.

SIGNATURE: Scott J. Johnson Date: 4-10-95 Chapter/Phone #: 407 588-1170