

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 # 714383 (7)

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



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

3. Date Incorporated or Qualified **04/03/1968** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0600117	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		30		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

**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	
84	City
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 _____ DATE **2-12-96**
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	PD	1.1 TITLE	PD
NAME	JOHNSON, SCOTT J.	1.2 NAME	Allen Poston
STREET ADDRESS	604 HILLBRATH DR.	1.3 STREET ADDRESS	2350 S. Congress Ave.
CITY - ST - ZIP	LANTANA FL	1.4 CITY - ST - ZIP	Delray Beach, FL 33445
TITLE	SVD	2.1 TITLE	SVD
NAME	POSTON, ALLEN W.	2.2 NAME	Duane Drawdy
STREET ADDRESS	2350 SOUTH CONGRESS AVE	2.3 STREET ADDRESS	10201 Lantana Road
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	Lake Worth, FL 33467
TITLE	VD	3.1 TITLE	VD
NAME	DRAWDY, DUANE	3.2 NAME	Dale Hedrick
STREET ADDRESS	10201 LANTANA ROAD	3.3 STREET ADDRESS	1100 Technology Place, Ste. 122
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	West Palm Beach, FL 33407
TITLE	SD	4.1 TITLE	Sec./Tres.
NAME	EWING, RONALD E.	4.2 NAME	P.F. Gladwin, III
STREET ADDRESS	100 VISTA ROYALE BLVD.	4.3 STREET ADDRESS	11900 S.E. Shell Ave.
CITY - ST - ZIP	VERO BEACH FL	4.4 CITY - ST - ZIP	Hobe Sound, FL 33455
TITLE	T	5.1 TITLE	DPP
NAME	GLADWIN, R.F. SKIP	5.2 NAME	Scott J. Johnson
STREET ADDRESS	825 PARKWAY ST. #10	5.3 STREET ADDRESS	604 Hillbrath Dr.
CITY - ST - ZIP	JUPITER FL	5.4 CITY - ST - ZIP	Lantana, FL 33462
TITLE	DPP	6.1 TITLE	
NAME	ADAMS, CHARLES S.	6.2 NAME	
STREET ADDRESS	1130 ELIZABETH AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	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: _____ DATE **2/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)