

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:24

DOCUMENT # 719789 (0)

1. Corporation Name
FLORIDA WEST COAST TROWEL TRADES JATC BUILDING CORPORATION, INC.

Principal Place of Business Mailing Address
4502 W MARTIN L KING JR BLVD 4502 W MARTIN L KING JR BLVD
TAMPA FL 33614 TAMPA FL 33614
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1970	3a. Date of Last Report 03/10/1994
4. FEI Number 59-1300207	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 checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	26
Zip	Country
24	25
Country	Zip
25	29
Country	30

9. Name and Address of Current Registered Agent
FERNANDEZ, JOE L
4502 W. BUFFALO AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name
Henry Petersen
82 Street Address (P.O. Box Number is Not Acceptable)
5623 Oakland Drive
83
84 City
Tampa
85 Zip Code
FL 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Henry Petersen*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HOOD, WILLIAM N JR
STREET ADDRESS	1843 STREETMAN DR
CITY-ST-ZIP	LITHIA FL
TITLE	ST
NAME	FERNANDEZ, JOE L.
STREET ADDRESS	4502 W. BUFFALO AVE.
CITY-ST-ZIP	TAMPA FL.
TITLE	V
NAME	JOHNSON, FAL
STREET ADDRESS	5360 S.FLORIDA AVE.
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	LOVING, RANNY
STREET ADDRESS	10221 VALLE DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	STEVENS, STACY
STREET ADDRESS	4502 W. BUFFALO AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	NOBLE, RICHARD
STREET ADDRESS	5308 MENDENHALL DR
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Henry Petersen
2.3 STREET ADDRESS	5623 Oakland Drive
2.4 CITY-ST-ZIP	Tampa, FL 33617
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Petersen* Henry Petersen 2/6/95 813-879-2521
Signature and typed or printed name of signing officer or director Date Expires