

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 # 719789 (0)

1. Corporation Name

FLORIDA WEST COAST TROWEL TRADES JATC BUILDING CORPORATION, INC.



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

3. Date Incorporated or Qualified: 12/01/1970
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-1300207
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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

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 FL 85 Zip Code: 33617

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: Henry Petersen, Secretary Treasurer *Henry Petersen* March 3, 1996
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, WILLIAM N JR	
STREET ADDRESS	1843 STREETMAN DR	
CITY-ST-ZIP	LITHIA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PETERSEN, HENRY	
STREET ADDRESS	5623 OAKLAND DR	
CITY-ST-ZIP	TAMPA FL.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, FAL	
STREET ADDRESS	5360 S.FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVING, RANNY	
STREET ADDRESS	10221 VALLE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, STACY	
STREET ADDRESS	4502 W. BUFFALO AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLE, RICHARD	
STREET ADDRESS	5308 MENDENHALL DR	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Peterson, Mark H.
63 STREET ADDRESS	472 33th Avenue No.
64 CITY-ST-ZIP	St. Petersburg, FL 33704

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: *Henry Petersen* Henry Petersen 3/4/96 813 879-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)