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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33614-7807 US
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3. Date Incorporated or Qualified 12/01/1970	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-1300207	Applied For Not Applicable
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6. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
PETERSON, HENRY  
5823 OAKLAND DR  
TAMPA FL 33617

10. Name and Address of New Registered Agent  
81 Name: MARK H PETERSON  
82 Street Address (P.O. Box Number is Not Acceptable): 472 33 AVE N.  
83  
84 City: ST PETERSBURG FL 85 Zip Code: 33704

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: Mark H Peterson 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	D	<input type="checkbox"/> DELETE
NAME	HOOD, WILLIAM N JR	
STREET ADDRESS	1843 STREETMAN DR	
CITY-ST-ZIP	LITHIA FL	
TITLE	ST	<input checked="" 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	5380 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	PETERSON, MARK H.	
STREET ADDRESS	472 33RD AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST PETERSON MARK H
2.3 STREET ADDRESS	472 33 AVEN.
2.4 CITY-ST-ZIP	ST. PETERSBURG FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark H Peterson 4-22-97 813 879 2521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048173

CR2E037 (9/96)