

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90029 039 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726016**

1. Corporation Name  
**CENTRAL FLORIDA CHAPTER ASSOCIATED BUILDERS AND CONTRACTORS INC**

Principal Place of Business 450 N WYMORE ROAD WINTER PARK FL 32789-2882	Mailing Address 450 N WYMORE ROAD WINTER PARK FL 32789-2882
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/06/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1447179
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32789-2803	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WYLIE, MARK P. 654 CAYUGA DRIVE WINTER SPGS. FL 32708		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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: *Mark P. Wylie* **MARK P. WYLIE, EXECUTIVE DIRECTOR** **4-15-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIR, WILLIAM C	1.2 NAME	P Tim Dwyer
STREET ADDRESS	4001 FORSYTH RD.	1.3 STREET ADDRESS	900 Winderley Place, Suite 250
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, MICHAEL	2.2 NAME	
STREET ADDRESS	800 TRAFAGLER CT, STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRADDOCK, FRANK	3.2 NAME	David Kulp
STREET ADDRESS	541 SOUTH ORLANDO AVE STE 310	3.3 STREET ADDRESS	2114 S. Orange Blossom Trail
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER, TIMOTHY J	4.2 NAME	VP Ron Burkett
STREET ADDRESS	900 WINDERLEY PLACE SUITE 250	4.3 STREET ADDRESS	P.O. Box 526100
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	Longwood, FL 32752-6100
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, MICHAEL C	5.2 NAME	
STREET ADDRESS	1031 W MORSE BLVD STE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEASLEY, DAVID M	6.2 NAME	S Arthur Higginbotham
STREET ADDRESS	430 W DR	6.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	Celebration, FL 34747-4600

14. I 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, with all other like empowered.

SIGNATURE: *Mark P. Wylie* **SIGNATURE REQUIRED** **4/20/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)