FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738901 (8)

1. Corporation Name

CONSTRUCTION ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309	3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1977
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0611422 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SIEGLE, JOHN C.
3550 N.W. 9TH AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 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 _____ DATE
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	~~ST~~	11 TITLE	VP	☒ Change ☐ Addition
NAME	M SCOTT WHIDDON	12 NAME		
STREET ADDRESS	2627 S ANDREWS AVE	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	~~VP~~	21 TITLE	T	☒ Change ☐ Addition
NAME	~~GLENEWINKEL, GARY~~	22 NAME	Thomas Welsh	
STREET ADDRESS	~~6300 N.E. FIFTH WAY~~	23 STREET ADDRESS	3400 SW 26th Terr.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	~~VP~~	31 TITLE	VP	☒ Change ☐ Addition
NAME	~~CUMMINGS, JAMES A.~~	32 NAME	GLENEWINKEL, GARY	
STREET ADDRESS	~~3676 NW 60 STREET~~	33 STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	FEE, DAVID	42 NAME		
STREET ADDRESS	730 NW 57 PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, HARLEY	52 NAME		
STREET ADDRESS	614 S. FEDERAL HIGHWAY	53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE	ED	61 TITLE		☐ Change ☐ Addition
NAME	SIEGLE, JOHN	62 NAME		
STREET ADDRESS	3550 NW 9 AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	64 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: _____ (305) 565-5900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

John C. Siegle Executive Vice President

650A15