

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 # N28323 (6)

FIRST COAST CHAPTER AMERICAN SUBCONTRACTORS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ADAM G. ADAMS, III SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC JACKSONVILLE FL 32207 US
C/O ADAM G. ADAMS, III SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-2958731** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ADAMS, ADAM G. III
SUITE 1818 RIVERPLACR TOWER
1307 RIVERPLACE BLVD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name **Adam G. Adams III**
82 Street Address (P.O. Box Number is Not Acceptable) **1 Independent DR # 3131**
83 **Jacksonville, FL 32202**
84 City **Jacksonville, 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 *[Signature]* DATE **4/4/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D POAG, DON 6251 PHILLIPS HIGHWAY JACKSONVILLE FL
VP ROWLAND, DONNA 4120 CONAL ST JACKSONVILLE FL
T ATKINS, CHARLES R. C 817 N. MAIN STREET JACKSONVILLE FL
P DEBERRY, DAVID 13463 N. MAIN STREET JACKSONVILLE FL
D BURT, ROBERT 7866 N. GLEN ECHO ROAD JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VP
1.2 NAME RUSTY MEADOWS
1.3 STREET ADDRESS 2730-7 CLYDD RD
1.4 CITY-ST-ZIP JAX, FL. 32207
2.1 TITLE D
2.2 NAME DONNA ROWLAND
2.3 STREET ADDRESS 3525 IONIA ST
2.4 CITY-ST-ZIP JAX, FL. 32206
3.1 TITLE T
3.2 NAME ATKINS, CHARLES R.C.
3.3 STREET ADDRESS 4521 ATLANTIC BLVD
3.4 CITY-ST-ZIP JAX, FL. 32207
4.1 TITLE P
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE 10000186916
5.2 NAME -06/20/96--01029--010
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP
6.1 TITLE S
6.2 NAME MARGUERITE CASONE
6.3 STREET ADDRESS 1914 UNIVERSITY BLVD. W.
6.4 CITY-ST-ZIP JAX, FL. 32217

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: *David Alan DeBerry* **DAVID ALAN DEBERRY 6-7-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TIME PHONE #
004 727 911711

CR2E037 (12/95)