

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 MAY 14 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001820908
-05/14/96-01107-005
****233.75 ****233.75

DOCUMENT # **PA3000021129**

1. Corporation Name

AFRICAN - AMERICAN CONTRACTORS

Principal Place of Business

Mailing Address

ASSOCIATION, INC.

**1344 N. DAVIS ST
JACKSONVILLE, FL 32209**

3. Date Incorporated or Qualified

3a. Date of Last Report

MARCH 22, 1993

4/18/1995

4. FEI Number

5931 71191

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 **1344 N. DAVIS ST**

26 **1344 N. DAVIS ST**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

Zip

Country

Zip

Country

24 **32209**

25 **USA**

29 **32209**

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES D. ALFORD, III
8039 LEXINGTON DR.
JACKSONVILLE, FL 32208**

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 **JAMES D. ALFORD, III**

Signature, typed or printed name of registered agent and title of appointment

James D. Alford, III

(If not Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ALFORD, MAGGIE	
STREET ADDRESS	8039 LEXINGTON DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT	
STREET ADDRESS	8612 OAK LEAF	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ALFORD, JAMES D., III	
STREET ADDRESS	8039 LEXINGTON DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES D. ALFORD, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. ALFORD, III

Date

MAY 14, 1996

Daytime Phone #

CR2E034 (12/95)

Handwritten initials/signature