

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90001 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000071725

1. Corporation Name
ASSOCIATED ARCHITECTS & CONTRACTORS, INC.



Principal Place of Business
4016 W MCKAY AVE
TAMPA FL 33609
 US

Mailing Address
P.O. BOX 320805
TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1993

4. FEI Number
59-3214006

5. Certificate of Status Desired Applied For Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 22111 RIVERHEAD AV.
 Suite, Apt. #, etc.

2a. Mailing Address
26 22111 RIVERHEAD AV.
 Suite, Apt. #, etc.

City & State
23 PT. CHARLOTTE, FL.

City & State
28 PT. CHARLOTTE, FL.

Zip Country
24 33952 25 CHARLOTTE 29 33952 30 CHARLOTTE

9. Name and Address of Current Registered Agent
HARDING, DON
4016 MCKAY AVE
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name HARDING, DON
82 Street Address (P.O. Box Number is Not Acceptable) 22111 RIVERHEAD AV.
83
84 City PT. CHARLOTTE, FL 85 Zip Code 33952

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 _____
Signatures, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, DON	1.2 NAME	HARDING, DON
STREET ADDRESS	4016 W MCKAY AVE	1.3 STREET ADDRESS	22111 RIVERHEAD AV.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	PT. CHARLOTTE, FL. 33952
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, DON	2.2 NAME	HARDING, DON
STREET ADDRESS	4016 MCKAY AVE	2.3 STREET ADDRESS	22111 RIVERHEAD AV.
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	PT. CHARLOTTE, FL. 33952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, 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: Donald R. Harding **DONALD R. HARDING** 4-8-99 941-627-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)