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 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702339** **(3)**

1. Corporation Name

FLORIDA GULF COAST CHAPTER ASSOCIATED BUILDERS & CONTRACTORS, INC.

Principal Place of Business	Mailing Address
4821 N. CLARK AVE. P.O. BOX 152107 TAMPA FL 33684	4821 N. CLARK AVE. P.O. BOX 152107 TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1969**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-1235851** ☐ 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 — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

THOMPSON,HARRISON C., JR.
109 NORTH BRUSH STREET
SUITE 200
TAMPA FL 33602

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 _____ (Signature, typed or printed name of registered agent and the date signed) (NOTE: Registered Agent signature required when manually signed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	HENDRIX, ROBERT	12 NAME		
STREET ADDRESS	4821 N. CLARK AVE.	13 STREET ADDRESS		
CITY ST ZIP	TAMPA, FL 0	14 CITY ST ZIP		
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	ALMENGUAL, KEVIN	22 NAME	John Bowden	
STREET ADDRESS	4821 CLARK AVE.	23 STREET ADDRESS	4821 N. Clark Ave.	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, FL	
TITLE	P	31 TITLE	VP	☒ Change ☐ Addition
NAME	DOYLE, HERB	32 NAME	Daryl Blume	
STREET ADDRESS	4821 N. CLARK AVENUE	33 STREET ADDRESS	4821 N. Clark Ave.	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa, FL	
TITLE	VP	41 TITLE	P/D	☒ Change ☐ Addition
NAME	HORSTMAN, GEORGE	42 NAME		
STREET ADDRESS	4821 N. CLARK AVE.	43 STREET ADDRESS		
CITY ST ZIP	TAMPA, FL 0	44 CITY ST ZIP		
TITLE	P	51 TITLE	P. Elect/D	☒ Change ☐ Addition
NAME	TRASK, KENNETH	52 NAME	John Cammack	
STREET ADDRESS	4821 N. CLARK AVENUE	53 STREET ADDRESS	4821 N. Clark Ave.	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	Tampa, FL	
TITLE	ED	61 TITLE		☐ Change ☐ Addition
NAME	CONA, STEVE P, JR	62 NAME		
STREET ADDRESS	4821 N. CLARK AVE.	63 STREET ADDRESS		
CITY ST ZIP	TAMPA 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)(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.

SIGNATURE: Steve P. Cona Executive Director 5/1/95 (813)879-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068185