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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 702339 (3)

1. Corporation Name

FLORIDA GULF COAST CHAPTER ASSOCIATED BUILDERS &
CONTRACTORS, INC.

Principal Place of Business

4821 N. CLARK AVE.
P.O. BOX 152107
TAMPA FL 33684

Mailing Address

4821 N. CLARK AVE.
P.O. BOX 152107
TAMPA FL 33684-2107



3. Date Incorporated or Qualified
11/13/1969

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIZEMORE, WILLIAM
109 N BRUSH ST
SUITE 200
TAMPA FL 33602

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CAMMACK, JOHN
STREET ADDRESS 1617 HENDRY, STE 316
CITY - ST - ZIP FT MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VP ☐ DELETE
NAME BLUME, DARYL
STREET ADDRESS 6350-118TH AVE N
CITY - ST - ZIP LARGO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VD ☐ DELETE
NAME BOWDEN, JOHN
STREET ADDRESS 2300-22ND ST N
CITY - ST - ZIP ST PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME HENDRIX, ROBERT
STREET ADDRESS 250 SW 36TH TERR
CITY - ST - ZIP GAINESVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE PD ☐ DELETE
NAME CAMMACK, JOHN
STREET ADDRESS 4821 N CLARK AVE
CITY - ST - ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ED ☐ DELETE
NAME CONA, STEVE P, JR
STREET ADDRESS 4821 N. CLARK AVE.
CITY - ST - ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/97

813/879-8064
Daytime Phone # 0049310

CR2E037 (9/96)