

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006079

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC3172848014**

**Entity Name:** DESIGN-BUILD INSTITUTE OF AMERICA - FLORIDA REGION, INC.

**Current Principal Place of Business:**

1524 ANNA CATHERINE DR.  
ORLANDO, FL 32828

**Current Mailing Address:**

PO BOX 781172  
ORLANDO, FL 32878

**FEI Number: 59-3734951**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALLACE, KAREN  
1524 ANNA CATHERINE DRIVE  
ORLANDO, FL 32828 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNERY, THOMAS  
Address        400 SOUTH ORANGE AVE.  
                  8TH FLOOR  
City-State-Zip: ORLANDO FL 32801  
  
Title            TREASURER  
Name            BARRETT, HOWARD M.  
Address        1988 HICKORY TRACE DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title            VP  
Name            WALSH, BRIAN  
Address        585 TECHNOLOGY PARK  
City-State-Zip: LAKE MARY FL 32746  
  
Title            SECRETARY  
Name            GARLAND, ROBERT  
Address        378 INTERSTATE COURT  
City-State-Zip: SARASOTA FL 34240

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS CONNERY**

**PRESIDENT**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date