

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709554 (0)
1. Corporation Name
CONTRACTORS & BUILDERS ASSOCIATION OF PINELLAS COUNTY, INC.



Principal Place of Business Mailing Address
**7600-66TH STREET NORTH
SUITE 200
PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified **09/07/1965** 3a. Date of Last Report **04/21/1995**
4. FEI Number **59-0611449** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**FISCHER, RODNEY S.
7600-66TH STREET NORTH
SUITE 200
PINELLAS PARK FL 34665**

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 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 *Rodney S. Fischer* **Rodney S. Fischer, Executive Director** 01/31/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACONI, MARK	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSENBLUTH, JIM	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JACK	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THEIS, STEVE	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHREYS, KEN	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HABIB, DAVID	
STREET ADDRESS	7600 66TH STREET N #200	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Quartetti, Ralph	
1.3 STREET ADDRESS	7600 66th St N 200	
1.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sockol, Peter	
3.3 STREET ADDRESS	7600 66th St N 200	
3.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schmitt, Alicia	
5.3 STREET ADDRESS	7600 66th St N 200	
5.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen W. Theis* **Stephen W. Theis** 01/31/96 813-545-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)