


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90040 004 \*\*\*\*61.25

0066171

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # 709554**

1. Corporation Name

**CONTRACTORS & BUILDERS ASSOCIATION OF PINELLAS COUNTY, INC.**

Principal Place of Business

7600-66TH STREET NORTH  
 SUITE 200  
 PINELLAS PARK FL 33781  
 US

Mailing Address

7600-66TH STREET NORTH  
 SUITE 200  
 PINELLAS PARK FL 33781  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/07/1965
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0611449
24 Country	29 Country	Applied For
	30	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

9. Name and Address of Current Registered Agent

FISCHER, RODNEY S.  
 7600-66TH STREET NORTH  
 SUITE 200  
 PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<del>P</del> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARTETTI, RALPH	1.2 NAME	D
STREET ADDRESS	7600 66TH STREET NORTH 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	
TITLE	<del>T</del> <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, STEVE	2.2 NAME	
STREET ADDRESS	7600 66TH ST N #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	2.4 CITY-ST-ZIP	
TITLE	<del>S</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDMA, PETER	3.2 NAME	William Lindsay
STREET ADDRESS	7600 66TH ST N #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	3.4 CITY-ST-ZIP	
TITLE	<del>VP</del> <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, FRANK	4.2 NAME	
STREET ADDRESS	7600 66TH ST N #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, ALICIA	5.2 NAME	Doug Wiley
STREET ADDRESS	7600 66TH STREET NORTH 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, DAVID	6.2 NAME	
STREET ADDRESS	7600 66TH STRET N #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	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 617, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney S. Fischer

4/15/99

727-545-5536

Date

Daytime Phone #

CR2E037 (11/98)