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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:12

DOCUMENT # 721889 (4)

1. Corporation Name

NORTHEASTERN FLORIDA CHAPTER, THE ASSOCIATED GEN ERAL CONTRACTORS OF AMERICA, INC.

Principal Place of Business	Mailing Address
2144 ROSSELLE ST. JACKSONVILLE FL 32204-3229	2144 ROSSELLE ST. JACKSONVILLE FL 32204-3229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1971
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2642990 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAVEN, JOHN W., JR.
3306 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President D	☒ Change ☐ Addition
NAME	GADSKINS, LARRY	12 NAME	Jim Johnson	
STREET ADDRESS	7016 DAVIS CREEK RD.	13 STREET ADDRESS	4651 Salisbury Rd., Ste. 193	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	P	21 TITLE	Treasurer D	☒ Change ☐ Addition
NAME	YOUNG, COLEMAN	22 NAME	Steve Sgroi	
STREET ADDRESS	8860 PHILLIPS HWY	23 STREET ADDRESS	4501 Beverly Ave.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	T	31 TITLE	Executive VP D	☒ Change ☐ Addition
NAME	SGROI, STEVE	32 NAME	Steve Hall	
STREET ADDRESS	4501 BEVERLY AVE	33 STREET ADDRESS	2144 Rosselle St.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	EV	41 TITLE		☐ Change ☐ Addition
NAME	DUNHAM, MICHAEL	42 NAME		
STREET ADDRESS	2144 ROSSELLE ST.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Candi Woodbine 5/30/95 356-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024070