


FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business			2a. Mailing Address		
21			26		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.	
23	City & State		28	City & State	
24	Zip	25 Country	29	Zip	30 Country

3. Date Incorporated or Qualified 10/15/1971	
4. FEI Number 59-0662700	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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 reinstalling)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARCO, KATHY 7587 WILSON BLVD JACKSONVILLE FL	<input checked="" type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SGROI, STEVE 4501 BEVERLY AVE JACKSONVILLE FL	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD HALL, STEVE 2144 ROSSELLE ST JACKSONVILLE FL	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	President (PD) Timothy K. MARTIN 801-A EAST TALLEYRAND AVENUE JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TD FARLEY, DOUG 7016 DAVIS CREEK ROAD JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 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: William C. Hall WILLIAM C. HALL January 22, 1998 9043567671
SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR Date
Dwelling Phone & Fax

CR2E037 (10/97)