2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90040 020 ****61.25

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DOCUMENT # 728828

1. Entity Name
FLORIDA CONSTRUCTION USERS ROUNDTABLE, INC.

Principal Place of Business	Mailing Address
407 WAKIVA SPRINGS RD SUITE 241 LONGWOOD, FL 32779	407 WAKIVA SPRINGS RD SUITE 241 LONGWOOD, FL 32779

01142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO Box 5104	PO Box 5104
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland FL
Zip: 33807 Country: USA	Zip: 33807 Country: USA

4. FEI Number: 59-1487806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYON, FRED 1031 W. MORSE BLVD. SUITE 170 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKENNA, DANIEL J PO BOX 11013 CINCINNATI, OH 45211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCKENNA, DANIEL J PO BOX 11013 CINCINNAT, OH 45211	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMCZAK, ROBERT F 11650 LIPSEY ROAD TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COBB, RON PO BOX 14910 BRADENTON, FL 34280	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUFFY, PATRICK P.O. BOX 111 TAMPA, FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUFFY, PATRICK C 702 N. FRANKLIN ST TAMPA, FL 33601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WESTBERRY, PAUL 1041 EAST BUTLER ROAD GREENVILLE, SC 29607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WESTBERRY, PAUL 1041 EAST BUTLER ROAD GREENVILLE, SC 29607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAKIS, EUGENE 9500 KOGER BLVD, #200 SAINT PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, DOUG 702 N. FRANKLIN ST TAMPA, FL 33601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS JR, RALPH D P.O. BOX 116580 GAINESVILLE, FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRA, RICHARD 15201 MERLIN PARK PLACE LITHIA, FL 33547	☐ Change ☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick C Duffy Patrick C Duffy 01/15/2004 813-641-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #