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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730988 (3)

1. Corporation Name

UNION CONTRACTORS AND SUBCONTRACTORS ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

4418 FLORIDA NAT'L DR
LAKELAND FL 33813
US4418 FLORIDA NAT'L DR
LAKELAND FL 33813-1515
US3. Date Incorporated or Qualified
10/29/19743a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, FAL
4418 FLORIDA NATIONAL DRIVE
STE 202
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Delete STE 202

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

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	VARNUM, A. H.	
STREET ADDRESS	2620 KEYSVILLE RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MENG, WILLIAM	
STREET ADDRESS	5430 W TYSON AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, BARNEY	
STREET ADDRESS	1525 INDUSTRIAL PARK RD	
CITY-ST-ZIP	MULBERRY FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	JOHNSON, FAL	
STREET ADDRESS	4418 FLORIDA NATIONAL DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWINDLE, ED	
STREET ADDRESS	102 N. 20TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bechtol, John	
1.3 STREET ADDRESS	1525 Industrial Park Road	
1.4 CITY-ST-ZIP	Mulberry, FL 33860	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sanchez, Phil	
2.3 STREET ADDRESS	32531 Trilby Road	
2.4 CITY-ST-ZIP	Dade City, FL 33523	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kamprath, Tom	
3.3 STREET ADDRESS	516 Cameron Driggers Drive	
3.4 CITY-ST-ZIP	Ruskin, FL 33570	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Davis, Roy	
5.3 STREET ADDRESS	2620 Keysville Road	
5.4 CITY-ST-ZIP	Lithia, FL 33547	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Strickland, Randy	
6.3 STREET ADDRESS	2720 Crystal Lake Acres Drive	
6.4 CITY-ST-ZIP	Lakeland, FL 33801	

14. I do 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:

Fal Johnson

Asst. Sec./Director 1/7/97 941/647-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053096

CR2E037 (9/96)