FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

760410

(1)

FLORIDA KEYS CONTRACTORS ASSOCIATION, INC.

Principal Place of Business Mailing Address						AUN OHUN SIBIA UHUN I	81811 84 8 4 8184 888
P.O. BOX 5227 MARATHON SH	97 HORES FL 33057-2797	P.O. BOX 522797 MARATHON SHORES FI	L 330 52-2797				
					3. Date Incorporated or Qualified 10/14/1981	3a. Date of L 09/17	ast Report 7/1996
	Place of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt.	# etc	Suite, Apt #, etc.			NOT AT LIOADLE	60	Not Applicable
22	w, etc	27			5. Certificate of Status Desired	T -	.75 Additional ee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		ider s. 199.032,
24	25 25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re	Yes X No	
		on trogrationed region		81 Name	10, Italio ano Addides di Itali it	gistored Agent	
SMITH 1	WILLIAM P						
SMITH, WILLIAM P. \$302 Aviation BlvD. *				82 Street Ad	ddress (P.O. Box Number is Not Acceptal 2	ole)	
	10N FL 33050		-	83		, , , , , , , , , , , , , , , , , , , ,	
· ·- · · · · · · · · · · · · · · · ·							
				84 City		FL 85	Zip Code
office or i	to the provisions of Sections 617.09 registered agent for both, in the Staum familiar with, and accept the obli	le of Florida. Such change wa	as authorized	by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of chance	ging its registered ant as registered
_	·	•	riorida Sian	1005.			
SIGNATURE	Signature, typied or printed name of registered a	gent and title if applicable (f	NOTE Registered	Agent signature rec	quired when rainstating)	DATE	
12.	Urricens A	IND DIRECTORS	13.	***************************************	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PD	X DELETE	1.1 TIT	LE		☐ Ch	nange 🔲 Addition
NAME	DEVITT, WILLIAM		1.2 NA	ME			
STREET ADDRESS	10701 6TH AVE., GULF		1.3 ST	REET ADDRESS			
CITY - ST-ZIP	MARATHON FL		1.4 Ci1	Y-ST-ZIP			
TITLE	VD	DELETE	2 1 TIT	TE	P/D	∑ Ch	nange 🔲 Addition
NAME	CAYCE, ROBERT		22 NA	ME			
STREET ADDRESS	499 MARGATE DR.		2 3 ST	REET ADDRESS			
City-St-ZiP	MARATHON FL	Devete		TY-ST-ZIP			
TITLE	SD DANALIED WILLIAM	☐ DELETE	3.1 TIT			L Ch	iange 🔲 Addition
NAME CARREST ADDRESS	DANAHER, WILLIAM 13361 OVERSEAS HWY		3.2 NA				
STREET ADDRESS	MARATHON FL			REET ADDRESS			
CHY-ST-ZIP TITLE	TD	DELETE	3.4. Cr 4.1 TiT	TY-ST-ZIP		☐ Ch	nange Addition
NAME	TUTTLE, DAVID	C Deceive	4. 2 NA	1		<u> </u>	angeAddition
STREET ADDRESS	60 CHICKASAW ST			REET ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL			Y-ST-ZIP			
TITLE		DELETE	5.1 TIT		Y/D	Ch	nange X Addition
NAME			5.2 NA		DOUGLASS BELL		
STREET ADDRESS				REET ADDRESS	DOUGLASS BELL 431 EAST SHORE SUMMLAND KEY	DK.	
CITY-ST-ZIP				Y-ST-ZIP	SUMMLAND KEY	FL	
TITLE	, , , ,	DELETE	6.1 TIT			☐ Ch	nange 🔲 Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
DITY OF BID			0.400				

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:

SIGNATURE:

Date

Date