FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G41439** **(2)**

1. Corporation Name
ASSOCIATED BUILDERS OF WEST COAST, INC.

Principal Place of Business
% AARON TWITCHELL
25 NORTH SCHOOL AVENUE
SARASOTA FL 34237

Mailing Address
% AARON TWITCHELL
25 NORTH SCHOOL AVENUE
SARASOTA FL 34237

3. Date Incorporated or Qualified: 05/31/1983
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2296299 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 2613 GOLDEN ROD ST,
Suite, Apt. #, etc.
22
City & State
23 SARASOTA, FL.
Zip
24 34239
Country
25 USA

2a. Mailing Address
26 P.O. BOX 25414
Suite, Apt. #, etc.
27
City & State
28 SARASOTA, FL.
Zip
29 34277
Country
30 USA

9. **Name and Address of Current Registered Agent**

TWITCHELL, AARON
25 NORTH SCHOOL AVENUE
SARASOTA FL 34237

10. **Name and Address of New Registered Agent**

81 Name: TWITCHELL, AARON
82 Street Address (P.O. Box Number is Not Acceptable): 2613 GOLDENROD ST
83
84 City: SARASOTA FL 85 Zip Code: 34239

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: Aaron L. Twitchell AARON L. TWITCHELL PRESIDENT — DATE 1/19/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TWITCHELL, AARON	
STREET ADDRESS	25 N SCHOOL AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	☒ Change ☐ Addition
1.2 NAME	TWITCHELL, AARON	
1.3 STREET ADDRESS	P.O. BOX 25414	
1.4 CITY-ST-ZIP	SARASOTA, FL. 34277	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aaron L. Twitchell AARON L. TWITCHELL 1/19/96 (941) 485-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)