

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G41439** (2)  
1. Corporation Name  
**ASSOCIATED BUILDERS OF WEST COAST, INC.**



Principal Place of Business <b>2613 GOLDEN ROD ST. SARASOTA FL 34239 US</b>	Mailing Address <b>P.O. BOX 25414 SARASOTA FL 34277-2414 US</b>
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3. Date Incorporated or Qualified <b>05/31/1983</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business <b>21 100 OGDEN ST.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>23 SARASOTA, FL.</b>	27 City & State
24 Zip <b>34242</b>	25 Country <b>USA</b>
29 Zip	30 Country

4. FEI Number <b>59-2296299</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TWITCHELL, AARON 2613 GOLDENROD ST. SARASOTA FL 34239</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>TWITCHELL, AARON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 OGDEN ST.</b>	
83	
84 City <b>SARASOTA</b>	85 Zip Code <b>FL 34242</b>

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 Twitchell* *AARON TWITCHELL DP* *4/25/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>TWITCHELL, AARON</b>	
STREET ADDRESS <b>P.O. BOX 25414</b>	
CITY-ST-ZIP <b>SARASOTA, FL 00000</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MICHAEL ANDERS</b>	
1.3 STREET ADDRESS <b>4236 BERKSHIRE PLACE</b>	
1.4 CITY-ST-ZIP <b>SARASOTA, FL, 34241</b>	
2.1 TITLE	<input 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 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 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 Twitchell* *AARON TWITCHELL* *4/25/97* *(941) 485-3887*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)