

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J31171 (8)

1. Corporation Name

A.C.W. BUILDERS & ASSOCIATES, INC.

Principal Place of Business

114 BURNING TREE LANE
BOCA RATON FL 33431

Mailing Address

114 BURNING TREE LANE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1986

3a. Date of Last Report

03/04/1994

4. FET Number

59-2718094

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. 199.03,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

State, Apt. #, etc.

26

City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

WACKES, ALAN C.
114 BURNING TREE LN
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 190.01(1)(b) and 190.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 furnished with and accept the jurisdiction over the corporation as set forth in the Florida Statutes.

SIGNATURE

Alan Wackes

By _____, Registered Agent for the corporation.

12. OFFICERS AND DIRECTORS

12a

NAME

12b STREET ADDRESS

12c CITY, STATE, ZIP

PD
WACKES, ALAN C.
114 BURNING TREE LANE
BOCA RATON FL

12d

NAME

12e STREET ADDRESS

12f CITY, STATE, ZIP

Sec-Treas
Wackes, Jane
114 Burning Tree Lane
Boca Raton, FL 33431

12g

NAME

12h STREET ADDRESS

12i CITY, STATE, ZIP

12j

NAME

12k STREET ADDRESS

12l CITY, STATE, ZIP

12m

NAME

12n STREET ADDRESS

12o CITY, STATE, ZIP

12p

NAME

12q STREET ADDRESS

12r CITY, STATE, ZIP

12s

NAME

12t STREET ADDRESS

12u CITY, STATE, ZIP

12v

NAME

12w STREET ADDRESS

12x CITY, STATE, ZIP

12y

NAME

12z STREET ADDRESS

12aa CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a

NAME

13b STREET ADDRESS

13c CITY, STATE, ZIP

13d

NAME

13e STREET ADDRESS

13f CITY, STATE, ZIP

13g

NAME

13h STREET ADDRESS

13i CITY, STATE, ZIP

13j

NAME

13k STREET ADDRESS

13l CITY, STATE, ZIP

13m

NAME

13n STREET ADDRESS

13o CITY, STATE, ZIP

13p

NAME

13q STREET ADDRESS

13r CITY, STATE, ZIP

13s

NAME

13t STREET ADDRESS

13u CITY, STATE, ZIP

13v

NAME

13w STREET ADDRESS

13x CITY, STATE, ZIP

13y

NAME

13z STREET ADDRESS

13aa CITY, STATE, ZIP

13ab

NAME

13ac STREET ADDRESS

13ad CITY, STATE, ZIP

SIGNATURE:

Alan Wackes

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

407-367-4646

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1995



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

APPROVED
AND
FILED

5/17/95
TALLAHASSEE, FLORIDA

DOCUMENT # J31766 (5)

1. Corporation Name

MANEY, DAMSKER, HARRIS AND JONES, P.A.

Principal Place of Business

806 E MADISON ST
P O BOX 172009
TAMPA FL 33672-7009

Mailing Address

806 E MADISON ST.
P O BOX 172009
TAMPA FL 33672-7009

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
09/04/1986

3a. Date of Last Report
06/15/1994

4. FEI Number
59-2720097

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 Suite Apt # etc

22 City & State

23 ZIP

2a. Mailing Address

26 Suite Apt # etc

27 City & State

28 ZIP

9. Name and Address of Current Registered Agent

DAMSKER, LEE S.
806 E MADISON ST.
TAMPA FL 33672-7009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Agent or other person authorized to accept service of process

Signature of Registered Agent (signature required when appointing)

(date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
MANEY, DAVID A.
1009 S OREGON
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VSTD
DAMSKER, LEE S.
4706 W HERON LN
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
HARRIS, NANCY H
5014 EUCLID AV
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
JONES, KAREN L
1809 S. OREGON STREET
TAMPA FL 33608

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 199.03(3)(a), Florida Statutes. I further certify that the information indicated on the 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 on Block 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LEE S. DAMSKER

5/17/95 8:3 220 7371