FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

$5 MAY 23 7 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **J31171** **(8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
114 BURNING TREE LANE BOCA RATON FL 33431	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**

2. Principal Name of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) County (25)

Zip (29) County (30)

4. FEI 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. 199.032, Florida Statutes. ☐ Yes ☒ No

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 section 607.0505, 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 that position.

SIGNATURE: Alan Wackes

12. OFFICER AND DIRECTOR DATA

Title	PD
Name	WACKES, ALAN C.
Street Address	114 BURNING TREE LANE
City-St-Zip	BOCA RATON FL
Title	Sec-Treas
Name	Wackes, Jane
Street Address	114 Burning Tree Lane
City-St-Zip	Boca Raton, FL 33431

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 13 above, or on an attachment with an address.

SIGNATURE: Alan Wackes
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT

5/15/95
Date

407-367-4646
Daytime Phone #

0266404 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY ... 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J31766 (5)

1. Corporation Name
MANEY, DAMSKER, HARRIS AND JONES, P.A.

Principal Place of Business	Mailing Address
606 E MADISON ST P O BOX 172009 TAMPA FL 33672-7009	606 E MADISON ST. P O BOX 172009 TAMPA FL 33672-7009

3. Date Incorporated or Qualified: **09/04/1986**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

DAMSKER, LEE S.
606 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	MANEY, DAVID A.	1009 S OREGON	TAMPA FL
VSTD	DAMSKER, LEE S.	4706 W HERON LN	TAMPA FL
D	HARRIS, NANCY H	5014 EUCLID AV	TAMPA FL
D	JONES, KAREN L	1009 S. OREGON STREET	TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	1.1	1.2	1.3	1.4	☐	☐
2	2.1	2.2	2.3	2.4	☐	☐
3	3.1	3.2	3.3	3.4	☐	☐
4	4.1	4.2	4.3	4.4	☐	☐
5	5.1	5.2	5.3	5.4	☐	☐
6	6.1	6.2	6.3	6.4	☐	☐

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)(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: [signature] LEE S. DAMSKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 DATE
813 229-7371 Daytime Phone #

0444009 FP