FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:12

DOCUMENT # **N14677** **(1)**

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION, FLORIDA GUL F COAST CHAPTER, INC.

Principal Place of Business	Mailing Address
1527 N. DALE MABRY HIGHWAY. SUITE 101 LUTZ FL 33549	P.O. BOX 296 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1986
3a. Date of Last Report: 10/24/1994
4. FEI Number: 59-2714042 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 24491
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA FL
Zip / Country 24 / 25	Zip / Country 29 33623 / 30 H

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, RONALD J 10730 EL PASO DR., BOX 133 RIVERVIEW FL 33569-0133	81 Name: ROXANA FELDMAN 82 Street Address (P.O. Box Number is Not Acceptable): 1018-11B W. BRANDON BLVD 83 84 City: BRANDON FL 85 Zip Code: 33511

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] ROXANA FELDMAN 5/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	D	☒ Change ☐ Addition
NAME	WOLFE, RON	12 NAME	ROXANA FELDMAN	
STREET ADDRESS	10730 EL PASO DR	13 STREET ADDRESS	PO BOX 24491	
CITY-ST-ZIP	RIVERVIEW FL	14 CITY-ST-ZIP	TAMPA FL 33623	N/A
TITLE	SD	21 TITLE	D	☒ Change ☐ Addition
NAME	BELLANTE, TOM	22 NAME	GREG DOYLE	
STREET ADDRESS	100 S ASHLEY DR	23 STREET ADDRESS	PO BOX 24491	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33623	N/A
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	CRAWFORD, ROSEANNA	32 NAME	MICHELLE TAPPOUNI	
STREET ADDRESS	7407 AVONWOOD ST	33 STREET ADDRESS	PO BOX 24491	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL 33623	N/A
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	RANDY GERAGHTY	
STREET ADDRESS		43 STREET ADDRESS	PO BOX 24491	
CITY-ST-ZIP		44 CITY-ST-ZIP	TAMPA FL 33623	N/A
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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] ROXANA FELDMAN 813-653-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
5/22/95

0062480