

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N14677 (1)

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION, FLORIDA GULF COAST CHAPTER, INC.

Principal Place of Business

**1527 N. DALE MABRY HIGHWAY, SUITE 101
LUTZ FL 33549**

Mailing Address

**P O BOX 24491
TAMPA FL 33623
US**



3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2714042

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

10. Name and Address of New Registered Agent

**FELDMAN, ROXANA
1018-11B W BRANDON BLVD
BRANDON FL 33511**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

D

☐ DELETE

NAME

FELDMAN, ROXANA

STREET ADDRESS

P O BOX 24491

CITY - ST - ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

DOYLE, GREG

STREET ADDRESS

P O BOX 24491

CITY - ST - ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

TAPPOUNI, MICHELLE

STREET ADDRESS

P O BOX 24491

CITY - ST - ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

GERAGHTY, RANDY

STREET ADDRESS

P O BOX 24491

CITY - ST - ZIP

TAMPA FL

TITLE

D

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NAME

P O BOX 24491

STREET ADDRESS

TAMPA FL

CITY - ST - ZIP

TAMPA FL

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NAME

P O BOX 24491

STREET ADDRESS

TAMPA FL

CITY - ST - ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

P O BOX 24491

STREET ADDRESS

TAMPA FL

CITY - ST - ZIP

TAMPA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**1018-11B West Brandon Blvd.
Brandon, FL, 33511**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**4608 N. Lois Avenue
Tampa, FL 33614**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**1344 West Cass Street
Tampa, FL 33606**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**15210 Arbor Hollow Drive
Odessa, FL 33556**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

**600001872576
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61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roxana Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 *813-586-5172*
Date Daytime Phone #

CR2E037 (12/95)