

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 # **N27351** (8)

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

**5880 NO PENSACOLA BLVD
P.O. BOX 19115
PENSACOLA FL 32523
US**

**5880 NO PENSACOLA BLVD
P.O. BOX 19115
PENSACOLA FL 32523
US**

3. Date Incorporated or Qualified
07/12/1988

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2911963

Applied For
Not Applicable

22

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

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

**STROEHL, JAMIE
5880 NO PENSACOLA BLVD
PENSACOLA FL 32505**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Jamie Stroehl*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **P MORGAN, KENNY**
STREET ADDRESS **3615 N. "M" STREET**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P Don Moore**
1.3 STREET ADDRESS **1441 Fairchild Street**
1.4 CITY-ST-ZIP **Pensacola, FL. 32504**

TITLE ☒ DELETE
NAME **V KENNEDY, THOMAS J**
STREET ADDRESS **1701 W. GARDEN STREET**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **V Bill Mayne**
2.3 STREET ADDRESS **4904 West Spencer Field Rd**
2.4 CITY-ST-ZIP **Pace, FL. 32571**

TITLE ☐ DELETE
NAME **S TACHON, KIM**
STREET ADDRESS **9415 WAHITA DR**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T ATCHISON, GEORGE**
STREET ADDRESS **4138 NO DAVIS HWY**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **T Tom Speer**
4.3 STREET ADDRESS **1001 main street**
4.4 CITY-ST-ZIP **Pensacola, FL. 32501**

TITLE ☐ DELETE
NAME **D MCCOMBS, MIKE**
STREET ADDRESS **5217 HIGHWAY 90**
CITY-ST-ZIP **PACE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BRADLEY, JIMMY**
STREET ADDRESS **3280 WEST SCOTT STREET**
CITY-ST-ZIP **PENSACOLA FL**

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 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: *Don Moore* *Don Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96

(904)494-1610

CR2E037 (12/95)