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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32523-9115
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1988

3a. Date of Last Report

05/17/1996

4. FEI Number

59-2911963

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

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 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

TITLE ☐ DELETE

NAME P
MOORE, DON
STREET ADDRESS 1441 FAIRCHILD STREET
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME V
MAYNE, BILL
STREET ADDRESS 4904 WEST SPENCER FIELD RD.
CITY-ST-ZIP PACE FL

TITLE ☐ DELETE

NAME S
TAGHON, KIM
STREET ADDRESS 9415 WAHITA DR
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME T
SPEER, TOM
STREET ADDRESS 1001 MAIN STREET
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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 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.

CR2E037 (9/96)