

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 # N28323 (6)

1. Corporation Name

FIRST COAST CHAPTER AMERICAN SUBCONTRACTORS ASSO
CIATION, INC.



Principal Place of Business

Mailing Address

C/O ADAM G. ADAMS, III
SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC
JACKSONVILLE FL 32207
US

C/O ADAM G. ADAMS, III
SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2958731

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

ADAMS, ADAM G. III
SUITE 1818 RIVERPLAC TOWER
1307 RIVERPLACE BLVD.
JACKSONVILLE FL 32207

81 Name Adam G. Adams III
82 Street Address (P.O. Box Number is Not Acceptable)
1 Independent DR # 3131
83 Jacksonville, FL 32202
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 re-registering)

DATE

4/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POAG, DON
STREET ADDRESS 6251 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

11 TITLE VP
12 NAME RUSTY MEADOWS
13 STREET ADDRESS 2730-7 CLYDD RD
14 CITY-ST-ZIP JAX, FL. 32207 ☐ Change ☒ Addition

TITLE VP
NAME ROWLAND, DONNA
STREET ADDRESS 4120 CONAL ST
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

21 TITLE D
22 NAME DONNA ROWLAND
23 STREET ADDRESS 3525 IONIA ST
24 CITY-ST-ZIP JAX, FL. 32206 ☒ Change ☐ Addition

TITLE T
NAME ATKINS, CHARLES R. C
STREET ADDRESS 817 N. MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

31 TITLE T
32 NAME ATKINS, CHARLES R.C.
33 STREET ADDRESS 4521 ATLANTIC BLVD
34 CITY-ST-ZIP JAX, FL. 32207 ☒ Change ☐ Addition

TITLE P
NAME DEBERRY, DAVID
STREET ADDRESS 13463 N. MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BURT, ROBERT
STREET ADDRESS 7886 N. GLEN ECHO ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

51 TITLE 100001869181
52 NAME -06/20/96--01029--010
53 STREET ADDRESS ***61.25
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE S
62 NAME MARGUERITE CASONE
63 STREET ADDRESS 1914 UNIVERSITY BLVD. W.
64 CITY-ST-ZIP JAX, FL. 32217 ☐ Change ☒ Addition

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: David Alan DeBerry DAVID ALAN DEBERRY 6-7-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904. 757 9124

CR2E037 (12/95)