


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 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 # N28323 (6) 1. Corporation Name FIRST COAST CHAPTER AMERICAN SUBCONTRACTORS ASSOCIATION, INC.					
Principal Place of Business C/O ADAM G. ADAMS, III SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC JACKSONVILLE FL 32207 US			Mailing Address C/O ADAM G. ADAMS, III SUITE 1818 RIVERPLACE TOWER 1301 RIVERPLAC JACKSONVILLE FL 32207 US		
2. Principal Place of Business 21 c/o Harold S. Lipper Suite, Apt. #, etc. Suite 1818 22 1301 Riverplace Blvd. City & State 23 Jacksonville, FL Zip 24 32207 Country 25 US		2a. Mailing Address 26 c/o Harold S. Lipper Suite, Apt. #, etc. Suite 1818 27 1301 Riverplace Blvd. City & State 28 Jacksonville, FL Zip 29 32207 Country 30 US		3. Date Incorporated or Qualified 09/12/1988 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2958731 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ADAMS, ADAM G. III 1 INDEPENDANT DR., #3131 JACKSONVILLE FL 32202			10. Name and Address of New Registered Agent 81 Name Harold S. Lipper 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. 83 Suite 1818 84 City Jacksonville, FL 85 Zip Code 32207		
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 <i>Harold S. Lipper</i> Registered Agent DATE 2-10-97 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, RUSTY		1.2 NAME	Rusty Meadows	
STREET ADDRESS	2730-7 CLYDO RD.		1.3 STREET ADDRESS	2730-7 Clydo Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, DONNA		2.2 NAME		
STREET ADDRESS	3525 IONIA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, CHARLES R.C.		3.2 NAME	Fouracker, Bill	
STREET ADDRESS	4521 ATLANTIC BLVD.		3.3 STREET ADDRESS	524 Stockton Street	
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBERRY, DAVID		4.2 NAME	DeBerry, David	
STREET ADDRESS	13463 N. MAIN STREET		4.3 STREET ADDRESS	13463 N. Main Street	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURT, ROBERT		5.2 NAME	Burt, Robert	
STREET ADDRESS	7866 N. GLEN ECHO ROAD		5.3 STREET ADDRESS	326 Mill Creek Road	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASCONI, MARGUERITE		6.2 NAME	Thomas, Ted	
STREET ADDRESS	1914 UNIVERSITY BLVD. W.		6.3 STREET ADDRESS	8202 W. Beaver Street	
CITY-ST-ZIP	JACKSONVILLE FL 32217		6.4 CITY-ST-ZIP	Jacksonville, FL 32220	
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.					
SIGNATURE: <i>Harold S. Lipper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/10/97 (904) 398-1818 <small>Date Daytime Phone # 0077361</small>		



CR2E037 (9/96)