

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28323

1. Corporation Name

FIRST COAST CHAPTER AMERICAN SUBCONTRACTORS ASSO
CIATION, INC.

Principal Place of Business

C/O HAROLD S. LIPPES
1301 RIVERPLACE BLVD., SUITE 1818
JACKSONVILLE FL 32207
US

Mailing Address

C/O HAROLD S. LIPPES
1301 RIVERPLACE BLVD., SUITE 1818
JACKSONVILLE FL 32207
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/12/1988

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

9. Name and Address of Current Registered Agent

LIPPES, HAROLD S.
1301 RIVERPLACE BLVD.
SUITE 1818
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 P ☒ DELETE
NAME MEADOWS, RUSTY
STREET ADDRESS 2730-7 CLYDO RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME ROWLAND, DONNA
STREET ADDRESS 3525 IONIA ST.
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE VP ☐ DELETE
NAME FOURACKER, BILL
STREET ADDRESS 524 STOCKTON STREET
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE S ☐ DELETE
NAME BURT, ROBERT
STREET ADDRESS 7866 N. GLEN ECHO ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME THOMAS, TED
STREET ADDRESS 8202 W. BEAVER STREET
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Thompson, Fred
1.3 STREET ADDRESS 108 E. 27th Street
1.4 CITY-ST-ZIP Jacksonville, FL 32206

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME S
2.3 STREET ADDRESS Rowland, Donna
2.4 CITY-ST-ZIP 3225 Ionia St.
Jacksonville, FL 32206

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS Cohen, Tom
3.4 CITY-ST-ZIP 9621 Florida Mining Blvd.
Jacksonville, FL 32257

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 VP
5.3 STREET ADDRESS Burt, Robert
5.4 CITY-ST-ZIP 7866 N. Glen Echo Road
Jacksonville, FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)