

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:30

DOCUMENT # **N29117 (1)**

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2131 SAFE HARBOUR CT. ALVA, FL 339203823
P O BOX ~~60069~~ **60069**
FT MYERS FL 33906-7606 **0069**

2131 SAFE HARBOUR CT. ALVA, FL 339203823
P O BOX ~~60069~~ **60069**
FT MYERS FL 33906-7606 **0069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/03/1988** 3a. Date of Last Report **03/11/1994**

4. FEI Number **65-0085710** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent

**CARSON, ROBERT E.
2131 SAFE HARBOUR COURT
2131 SAFE HARBOUR COURT
ALVA FL 33920-0823**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	STD
NAME	VANN, RANDY
STREET ADDRESS	2185 ALICIA STR
CITY-ST-ZIP	FT MYERS FL
TITLE	PD
NAME	STARKEY, BURMA
STREET ADDRESS	12206 MATTERHORN DR, #A4
CITY-ST-ZIP	FT. MYERS FL
TITLE	VB
NAME	TINCHER, TERRY A.
STREET ADDRESS	10880 GATOR RD, BOX 7
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	NORTH, CONNIE
STREET ADDRESS	2085 ANDREA LN
CITY-ST-ZIP	FT MYERS FL
TITLE	D
NAME	BREWER, WES
STREET ADDRESS	10515 BELL TOWER DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	PETRO, KRISTINE
STREET ADDRESS	0210 MARION STR
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D VANN, RANDALL
1.3 STREET ADDRESS	2970 CARGO STREET
1.4 CITY-ST-ZIP	FT. MYERS, 33916-7542
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D MARK STICHTER
2.3 STREET ADDRESS	8554 CRYSTAL COURT
2.4 CITY-ST-ZIP	FT, MYERS 33907
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D CONNIE MOORE
3.3 STREET ADDRESS	2085 ANDREA LANE
3.4 CITY-ST-ZIP	FT. MYERS 33912-1902
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D DEBRA L. CARR
4.3 STREET ADDRESS	3861 EDWARDS STREET
4.4 CITY-ST-ZIP	FT. MYERS, 33916-3713
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D KAREN PRICE
5.3 STREET ADDRESS	2355 EAST MALL DRIVE
5.4 CITY-ST-ZIP	FT. MYERS 33901-9116
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D VINCE HONG
6.3 STREET ADDRESS	5101 PINE ISLAND ROAD
6.4 CITY-ST-ZIP	BOKEELIA 33922-3271

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall J. Vann* **RANDALL J. VANN** 3-13-95 813-728-3570
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #