

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29117** (1)

1. Corporation Name

**AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST  
FLORIDA, INC.**



Principal Place of Business <b>2101 SAFE HARBOUR CT. ALVA FL 33906-0069</b> P O BOX 60069 FT MYERS FL 33906-0069 US	Mailing Address <b>2101 SAFE HARBOUR CT. ALVA FL 33906-0069</b> P O BOX 60069 FT MYERS FL 33906-0069 US
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2. Principal Place of Business 21 1311 SE 21st Terrace Suite, Apt. #, etc. 22 City & State <b>Cape Coral FL</b> 23 Zip <b>33990</b> 24 Country <b>US</b>	2a. Mailing Address 26 P.O. Box 60069 Suite, Apt. #, etc. 27 City & State <b>Fort Myers, FL</b> 28 Zip <b>33906</b> 29 Country <b>US</b>
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3. Date Incorporated or Qualified <b>11/03/1988</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>65-0085710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>CARR, DEBRA L</b> <b>1311 SE 21ST TERRACE</b> <b>CAPE CORAL FL 33990</b>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VANN, RANDALL	1.2 NAME	Stichter, Mark
STREET ADDRESS	2970 CARGO STREET	1.3 STREET ADDRESS	8554 Crystal Ct
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	VD	2.1 TITLE	VD
NAME	STICHTER, MARK	2.2 NAME	Honc, Vince
STREET ADDRESS	8554 CRYSTAL COURT	2.3 STREET ADDRESS	5101 Pine Island Rd
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Bakeelia, FL 33922
TITLE	SD	3.1 TITLE	SD
NAME	MOORE, CONNIE	3.2 NAME	Price, Karen
STREET ADDRESS	2085 ANDREA LANE	3.3 STREET ADDRESS	2355 East Mall Dr.
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	TD	4.1 TITLE	TD
NAME	CARR, DEBRA L	4.2 NAME	Eller, Terry
STREET ADDRESS	3861 EDWARDS STREET	4.3 STREET ADDRESS	18601 Lantana Rd
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	North Fort Myers, FL 33917
TITLE	D	5.1 TITLE	D
NAME	PRICE, KAREN	5.2 NAME	Bates, Barbara
STREET ADDRESS	2355 EAST MALL DRIVE	5.3 STREET ADDRESS	2350 Crystal Rd #1
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	D	6.1 TITLE	D
NAME	HONC, VINCE	6.2 NAME	Weber, Terence
STREET ADDRESS	5101 PINE ISLAND ROAD	6.3 STREET ADDRESS	11000-15 Metro Parkway #
CITY-ST-ZIP	BOKEELIA FL	6.4 CITY-ST-ZIP	Fort Myers, FL 33912

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 or changed, or on an attachment with an address.

SIGNATURE: Debra L Carr Debra L Carr, Agent 06/06/96 (941) 772-5531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)