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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29117 (1)

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST
FLORIDA, INC.

Principal Place of Business

Mailing Address

1311 SE 21ST TERRACE

~~P.O. BOX 60069~~CAPE CORAL FL ~~33906-0069~~

US

P.O. BOX 60069

P.O. BOX 60069

FT. MYERS FL 33906-6069

US

ok



3. Date Incorporated or Qualified

11/03/1988

3a. Date of Last Report

06/12/1996

4. FEI Number

65-0085710

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

33990

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARR, DEBRA L
1311 SE 21ST TERRACE
CAPE CORAL FL 33990

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME STICHTER, MARK
STREET ADDRESS 8554 CRYSTAL CT.
CITY - ST - ZIP FT. MYERS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME HONC, VINCE
STREET ADDRESS 5101 PINE ISLAND RD.
CITY - ST - ZIP BOKEELIA FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1130 Pondella Rd.
2.4 CITY - ST - ZIP N. Ft. Myers, FLTITLE SD ☐ DELETE
NAME PRICE, KAREN
STREET ADDRESS 2355 EAST MALL DR.
CITY - ST - ZIP FT. MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME ELLER, TERRY
STREET ADDRESS 18601 LANTANA RD.
CITY - ST - ZIP NORTH FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BATES, BARBARA
STREET ADDRESS 2350 CRYSTAL RD. 1
CITY - ST - ZIP FT. MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME WEBER, TERRANCE
STREET ADDRESS 1100-15 METRO PKWY.
CITY - ST - ZIP FT. MYERS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 of Block 12 if changed, or in an attachment with an address.

SIGNATURE:

Debra L Carr

01/24/97

(941) 772-5531

CR2E037 (9/96)