


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33056 (5)

1. Corporation Name
AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business 4608 N LOIS AVE TAMPA FL 33614	Mailing Address 4608 N LOIS AVE TAMPA FL 33614
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3. Date Incorporated or Qualified
06/30/1989

4. FEI Number
59-2710473

Applied For	Not Applicable
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2. Principal Place of Business 21 466 94th Ave., N.	2a. Mailing Address 26 466 94th Ave., N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33702	Country 25 U.S.A.
Country 25 U.S.A.	Zip 29 33702
Country 30 U.S.A.	Country 30 U.S.A.

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SHAW, MELINDA
 1208 IMPERIAL DRIVE
 NAPLES FL 34110**

10. Name and Address of New Registered Agent

81 Name Cheryl Harris
82 Street Address (P.O. Box Number is Not Acceptable) 466 94th Ave., N.
83
84 City St. Petersburg, FL
85 Zip Code 33702

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 Cheryl Harris *[Signature]* **8/13/98**
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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE DOYLE, GREG 4608 N LOIS AVE TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE HAYES, GARY 299 AIRPORT RD N NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE PRICE, KAREN 2355 E MALL DR FT MYERS FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE TAPPOUNI, MICHELLE 133 W CASS ST TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Greg Doyle 6251 44th St. N. #1921 Pinellas Park, FL 34665
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill Butter 2140 Broadway Ft. Myers, FL 33905
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Thomas 3861 Edwards St. Ft. Myers, FL 33916
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michelle Tappouni 1344 W. Cass St. Tampa, FL 33606
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **7/30/98 (813) 578-9960**

CR2E037 (5/98)