

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N33056

(5)

1. Corporation Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA,
INC.

Principal Place of Business

Mailing Address

4608 N LOIS AVE
TAMPA FL 33614

4608 N LOIS AVE
TAMPA FL 33614

2. Principal Place of Business

21 466 94th Ave., N.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

Zip

24 33702

Country

25 U.S.A.

2a. Mailing Address

26 466 94th Ave., N.

Suite, Apt. #, etc.

City & State

28 St. Petersburg, FL

Zip

29 33702

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SHAW, MELINDA
1208 IMPERIAL DRIVE
NAPLES FL 34110

3. Date Incorporated or Qualified

06/30/1989

4. FEI Number

59-2710473

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. 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DOYLE, GREG

STREET ADDRESS 4608 N LOIS AVE

CITY-ST-ZIP TAMPA FL 33614

TITLE D ☒ DELETE

NAME HAYES, GARY

STREET ADDRESS 299 AIRPORT RD N

CITY-ST-ZIP NAPLES FL 34104

TITLE D ☒ DELETE

NAME PRICE, KAREN

STREET ADDRESS 2355 E MALL DR

CITY-ST-ZIP FT MYERS FL 33901

TITLE D ☐ DELETE

NAME TAPPOUNI, MICHELLE

STREET ADDRESS 133 W CASS ST

CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - Director ☒ Change ☐ Addition

1.2 NAME Greg Doyle

1.3 STREET ADDRESS 6251 44th St. N. #1921

1.4 CITY-ST-ZIP Pinellas Park, FL 34665

2.1 TITLE Vice President - Director ☐ Change ☒ Addition

2.2 NAME Bill Butter

2.3 STREET ADDRESS 2140 Broadway

2.4 CITY-ST-ZIP Ft. Myers, FL 33905

3.1 TITLE Treasurer - Director ☐ Change ☒ Addition

3.2 NAME Robert Thomas

3.3 STREET ADDRESS 3861 Edwards St.

3.4 CITY-ST-ZIP Ft. Myers, FL 33916

4.1 TITLE Secretary - Director ☒ Change ☐ Addition

4.2 NAME Michelle Tappouni

4.3 STREET ADDRESS 1344 W. Cass St.

4.4 CITY-ST-ZIP Tampa, FL 33606

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/98 (813) 578-9960

FILED
Sep 03 1998 8:00am
Secretary of State



CR2E037 (5/98)