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Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33447 (6)

1. Corporation Name

FLORIDA CONTRACTORS' COOPERATIVE, INC.

Principal Place of Business

Mailing Address

C/O JUDY R. JONES
519 EAST PARK AVENUE
TALLAHASSEE FL 32301C/O JUDY R. JONES
519 EAST PARK AVENUE
TALLAHASSEE FL 32301-25243. Date Incorporated or Qualified
07/27/19893a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JUDY R.
519 EAST PARK AVENUE
TALLAHASSEE FL 32301

81 Name

GREGORY L HOBBS

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

519 E. PARK AVENUE

83

84 City

TALLAHASSEE

FL

85 Zip Code
32301

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARWELLS, KEITH	
STREET ADDRESS	519 E. PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JUDY R.	
STREET ADDRESS	519 EAST PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES	
STREET ADDRESS	519 EAST PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARSWELL, KEITH A	
1.3 STREET ADDRESS	519 E. PARK AVENUE	
1.4 CITY-ST-ZIP	TALLAHASSEE FL	

2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GUNNINGHAM, DENRAL	
2.3 STREET ADDRESS	519 E. PARK AVENUE	
2.4 CITY-ST-ZIP	TALLAHASSEE FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOBBS, GREGORY L	
3.3 STREET ADDRESS	519 E. PARK AVENUE	
3.4 CITY-ST-ZIP	TALLAHASSEE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97

487-4850

Date

Daytime Phone # 0007153

CR2E037 (9/96)