

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37868 (9)**  
 1. Corporation Name  
**NORTH PORT CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business <b>WOOD C MELLOR</b> <b>13801 S TAMAMI TRAIL</b> <b>NORTH PORT FL 34287</b>		Mailing Address <b>P.O. BOX 7041</b> <b>NORTH PORT FL 34287</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/24/1990	65-0211357
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WELLOR, CORD C</b> <b>13801 S TAMAMI TRAIL</b> <b>NORTH PORT FL 34287</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
VP	COOK, JAMES	118 CIBOA AVENUE	NORTH PORT FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST	STEC, IRENE	929 TAMAMI TRAIL	PORT CHARLOTTE FL	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VP	PRESLEY, RUSS	155 S. S. MCCALL ROAD	ENGLEWOOD FL 34223	President	PRESLEY, RUSS	155 S. McCall Rd	Englewood FL 34223
VP	WHEAT, LEN	5054 GREENWAY	NORTH PORT FL 34287	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
S	WHITE, CHRIS	1010 BAYSHORE DR	ENGLEWOOD FL 34223	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
VP	WILLIS, GENE	POST OFFICE BOX 206, N/A	MURDOCK FL	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				6.1 TITLE	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: \_\_\_\_\_ 2-2-98 (94) 954-7731

CR2E037 (10/97)