FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37868

1. Corporation Name

NORTH PORT CONTRACTORS ASSOCIATION, INC.

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90130 047 ****61.25

Principal Place	e of Business	Mailing Address							
%CORD C MEL 13801 S TAMIA NORTH PORT	LOR MI TRAIL	P.O. BOX 7041 NORTH PORT FL 34287							
2. Principal Pl	ace of Business	2a. Mailing Address				Date Incorporated or Qualife	d		
21		26				04/24/1990			
Suite, Apt.	#, etc.	Suite, Apt #, etc.			4. FEI Number		Ар	plied For	
22		27			65-0211357			t Applicable	
City & State		City & State			5. Certificate of Status Desired		\$8.75 △		
23		28						Fee Re	
Ζiρ	Country	Zip	Coun	itry		6. Election Campaign Financing	g 🗆	\$5.00	- 1
24	25	29 3	0			Trust Fund Contribution 10. Name and Address of New	Registered	Added to	o rees
<u> </u>	Name and Address of Current	Registered Agent		81 Nan	ne	TV. Name and Address of New	Registered	Agent	
MELLOR, CORD C				B2 Stre	et Addres	ss (P.O. Box Number is Not Accep	otable)		
13801 S TAMIAMI TRAIL NORTH PORT FL 34287			ŀ	83					
NORTH PO					. <u>.</u>				
				84 City			FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St.					ed corpoi	ration submits this statement for this board of directors. I hereby according	e purpose o	f changing its	registered gistered
,	m familiar with, and accept the obligati	ions or, section 617,0505, Floric	a Statu	.c.s.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE, R	egistered A	igent signati	те твашией ч	when reinstating)	DATE		——·
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	
TITLE	VPT	XXDELETE	1.1 TITU	E	VP'	_		Change	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME	COOK, JAMES		1.2 NAM	Æ		MPLE, DAVID			
STREET ADDRESS	118 CIBOA AVENUE		1 3 STF	EET ADDRE		64 BEEDLA ST.			
CITY-ST-ZIP	NORTH PORT FL 34287		1,4 CIT	r-ST-ZIP	NO!	RTH PORT, FL. 3	4287		
TITLE	STD	X DELETE	2 1 TITU	E	ST	D		☐ Change	XXAddition
NAME	STEC, IRENE		2 2 NAA	Æ	Į.	X, ROSE			Į.
STREET ADDRESS	929 TAMIAMI TRAIL		2 3 STF	EET ADDRE		99 ESTATES DR. RTH PORT, FL. 3			
CITY-ST-ZIP	PORT CHARLOTTE FL			Y-ST-ZIP	<u> NŎ:</u>	<u>RTH PORT, FL. 3</u>	<u>4286</u>		
TITLE	PD	DELETE 311		.E	Ì			Change	☐ Acdition
NAME	PRESLEY, RUSS		3.2 NAM	Æ	-				
STREET ADDRESS	155 S. S. MCCALL ROAD		3.3 STR	EETADORE	SS				
CITY-ST-ZIP	ENGLEWOOD FL 34223			Y-ST-ZIP				Channa	- C Andrian
TITLE	SD	☐ DELETE	4 † TITL		Į			Change	☐ Addition
NAME	WHITE, CHRIS		4 2 NA						
STREET ADDRESS	1010 BAYSHORE DR			EET ADDRE	SS				
CITY-ST-ZIP	ENGLEWOO FL 34223	C RELETE	1	(-ST-ZIP				Change	Addition
TITLE		☐ DELETE	5 1 TITL 5 2 NAM					□ charige	
NAME				EETADDRE	22				
STREET ADDRESS				r-ST-ZIP	~				İ
CITY-\$T-ZIP		☐ DELETE	61 TITU		+			Change	☐ Addition
TITLE			6 2 NAM						
NAME OTRET ADDRESS			1	EET ADDRE	ss				
STREET ADDRESS			1	r-ST-ZIP					}
CITY-ST-ZIP	ertify that the information supplied with	h this filing does not qualify for the			ted in Se	ection 119 07(3)(i) Florida Statutes	: I further ce	ertify that the in	formation

indicated on this annual report of 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 of the receiver or dister-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 para attaching with an autress, with all other like empowered.

ING OFFICER OR DIRECTOR