

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41771 (9)
1. Corporation Name
AMERICAN SUBCONTRACTORS ASSOCIATION OF COLLIER COUNTY, INC.



Principal Place of Business
**1208 IMPERIAL DRIVE
NAPLES FL 33942
US**

Mailing Address
**P. O. BOX 2284
NAPLES FL 33939
US**

3. Date Incorporated or Qualified
01/23/1991

3a. Date of Last Report
07/03/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0241632	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JOHNSON, HENRY PAUL
6736 LONE OAK BLVD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FOIST, JEFF	
STREET ADDRESS	137 MENTOR DRIVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAYNES, GARY	
STREET ADDRESS	1475 CURLEW AVENUE #4	
CITY - ST - ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, PAT	
STREET ADDRESS	5741 20TH AVENUE	
CITY - ST - ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAILIE, KATHIE	
STREET ADDRESS	102 SHARWOOD AVENUE	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIEGOLD, RICHARD	
STREET ADDRESS	453 SEAGULL AVENUE	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONNOT, RAY	
STREET ADDRESS	2425 KINGS LAKE BLVD	
CITY - ST - ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FAIST, JEFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	HAYES, GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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	T/D	<input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert J. Rust, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96

941-261-1010

Date

Daytime Phone #

CR2E037 (12/95)