FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44589** **(2)**

1. Corporation Name

ALLIANCE OF CONSTRUCTION TRADES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1210 N. CLEARVIEW TAMPA FL 33607 US	1210 N CLEARVIEW TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3094545 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

GEORGE, DAVID M.
620 TWIGGS ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: George, David M.
82 Street Address (P.O. Box Number is Not Acceptable): 1215 Magdalene Hill Dr.
83:
84 City: Tampa **FL** 85 Zip Code: 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4-27-95
(Signature (type) of person(s) signing as registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	T	11 TITLE		☐ Change ☐ Addition
12 NAME	SCHMID, TOM	12 NAME		
13 STREET ADDRESS	3500 KOGER BLVD N S103	13 STREET ADDRESS		
14 CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP		
21 TITLE	PD	21 TITLE	SD	☒ Change ☐ Addition
22 NAME	BISMARCK, KEANE	22 NAME	BISMARCK, KEANE	
23 STREET ADDRESS	1210 N CLEARVIEW	23 STREET ADDRESS	1210 N. CLEARVIEW AVE.	
24 CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA, FL 33607	
31 TITLE	SD	31 TITLE	VD	☒ Change ☐ Addition
32 NAME	COX, ELEANOR	32 NAME	COX, ELEANOR	
33 STREET ADDRESS	2347 FERN PL	33 STREET ADDRESS	2347 FERN PL	
34 CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	TAMPA, FL 33604	
41 TITLE	D	41 TITLE		☐ Change ☐ Addition
42 NAME	KULIESH, JAMES	42 NAME		
43 STREET ADDRESS	2180 9TH STREET	43 STREET ADDRESS		
44 CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP		
51 TITLE	D	51 TITLE	PD	☐ Change ☒ Addition
52 NAME	CANTO, FRANK	52 NAME	YAGMIN, MIKE	
53 STREET ADDRESS	4801 58TH AVE N	53 STREET ADDRESS	12695 AUTOMOBILE BLVD.	
54 CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	CLEARWATER, FL 34622	
61 TITLE	D	61 TITLE		☐ Change ☐ Addition
62 NAME	CLARK, ROBERTA	62 NAME		
63 STREET ADDRESS	1525 W KENNEDY BLVD	63 STREET ADDRESS		
64 CITY ST ZIP	TAMPA FL	64 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)(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 asterisk.

SIGNATURE: [signature] Keane Bismarck Secretary/Director 4/27/94 (813)870-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063772