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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N44589 (2)
1. Corporation Name
ALLIANCE OF CONSTRUCTION TRADES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1210 N. CLEARVIEW
TAMPA FL 33607
US1210 N CLEARVIEW
TAMPA FL 33607-49103. Date Incorporated or Qualified
08/01/19913a. Date of Last Report
04/24/1996

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

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25

29

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4. FEI Number
59-3094545Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, DAVID M.
1215 MAGDALENE HILL DRIVE
TAMPA FL 33613

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T
NAME SCHMID, TOM
STREET ADDRESS 3500 KOGER BLVD N S103
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETETITLE SD
NAME BISMARCK, KEANE
STREET ADDRESS 1210 N CLEVELAND AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE VD
NAME COX, ELEANOR
STREET ADDRESS 2347 FERN PLACE
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE D
NAME KULIESH, JAMES
STREET ADDRESS 2180 9TH STREET
CITY-ST-ZIP SARASOTA FL ☒ DELETETITLE PD
NAME YAGMIN, MIKE
STREET ADDRESS 12695 AUTOMOBILE BLVD
CITY-ST-ZIP CLEARWATER FL ☐ DELETETITLE D
NAME CLARK, ROBERTA
STREET ADDRESS 1525 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL ☒ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIPD
BRUCE ARANTZ
9000 ULMERTON ROAD #28
LARGO, FL

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: *Keane Bismarck* KEANE BISMARCK 2/26/97 (813) 870-2607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000000

CR2E037 (9/96)