# 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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR -9 AM 9:03**

DOCUMENT # N50705 (5)

1. Corporation Name
AMERICAN SUBCONTRACTORS ASSOCIATION, MANASOTA CH APTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2439<br>SARASOTA FL 34230 | P.O. BOX 2439<br>SARASOTA FL 34230 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0385479 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 22 | 27 | | |
| City & State | City & State | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| 23 | 28 | | |
| Zip / Country | Zip / Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |
| 24 / 25 | 29 / 30 | | |

**9. Name and Address of Current Registered Agent**

BOUFFARD, KIRK
2180 9TH ST.
SARASOTA FL

**10. Name and Address of New Registered Agent**

81 Name: JAMES J. KULIESH
82 Street Address (P.O. Box Number is Not Acceptable): 502 BAY DR. SOUTH
83
84 City: BRADENTON BEACH FL 85 Zip Code: 34217

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: JAMES J. KULIESH, EXECUTIVE DIRECTOR, James J. Kuliesh 2/28/95
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 | P | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENNETT, MIKE | 1.2 NAME | | |
| STREET ADDRESS | 7011 301 BLVD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34243 | 1.4 CITY-ST-ZIP | | |
| TITLE | V | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LENNON, DAVID | 2.2 NAME | | |
| STREET ADDRESS | 323 CATTLEMAN RD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALLEN, DON | 3.2 NAME | | |
| STREET ADDRESS | 2239 15TH ST. #D | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34237 | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAUFFMAN, RON | 4.2 NAME | | |
| STREET ADDRESS | 1035 N LIME AVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34237 | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~GAFFNEY, JIM~~ | 5.2 NAME | DeANTHONY, JOHN | |
| STREET ADDRESS | ~~P.O. BOX 304 N/A~~ | 5.3 STREET ADDRESS | 1257 SEEDS AVE. | |
| CITY-ST-ZIP | ~~SARASOTA FL 34230~~ | 5.4 CITY-ST-ZIP | SARASOTA, FL. 34237 | |
| TITLE | T | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WINDEMULLER, ED | 6.2 NAME | | |
| STREET ADDRESS | P.O. BOX 49847 N/A | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34230 | 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)(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: Edward Windemuller Edward Windemuller TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/24/95 — Daytime Phone #

0063160