

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000208 (9)

1. Corporation Name

FIRST COAST CHAPTER-INFORMATION, ASSOCIATED BUILDERS AND CONTRACTORS, INC.



Principal Place of Business

Mailing Address

**5944 RICHARD ST
JACKSONVILLE FL 32216
US**

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JACKSONVILLE FL 32216
US**

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3145713

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**

8. 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

**WELLS, DAVID
3300 BARNETT CENTET
50 LAURA STREET
JACKSONVILLE FL 32202**

81 Name **McCarthy, James**
82 Street Address (P.O. Box Number is Not Acceptable)
5944 Richard Street
83
84 City **Jacksonville** FL 85 Zip Code **32216**

11. Pursuant to the provisions of Sections 617.0602 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 of the person named in the printed name of registered agent, and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **WILLIAMS, HARRY H**
STREET ADDRESS **111 RIVERSIDE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **Gajewski, Jim**
1.3 STREET ADDRESS **4501 Beverly Ave.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☒ DELETE
NAME **FLECKENSTEIN, ROBERT**
STREET ADDRESS **10475 FORTUNE PARKWAY SUITE 201**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **S/T/D** ☐ Change ☒ Addition
2.2 NAME **Smith, Donald**
2.3 STREET ADDRESS **5900 Hartley Road**
2.4 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** ☒ DELETE
NAME **WEIHNACHT N, CONRAD**
STREET ADDRESS **3320 O'CONNOR ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Patton, John**
3.3 STREET ADDRESS **111 Riverside Drive**
3.4 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D** ☐ DELETE
NAME **SPENCER, DAVID**
STREET ADDRESS **4856 VICTOR STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JONES, STEVE**
STREET ADDRESS **6550 ROOSEVELT BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **P/D** ☒ Change ☐ Addition
5.2 NAME **Jones, Steve**
5.3 STREET ADDRESS **5930 Orlando Street**
5.4 CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **D** ☐ DELETE
NAME **DAVIS, LARRY G**
STREET ADDRESS **10475 FORTUNE PKY, STE. 201**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(904) 764-5506

CR2E037 (12/95)