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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000208

1. Corporation Name

ASSOCIATED BUILDERS AND CONTRACTORS, FLORIDA'S FIRST COAST CHAPTER, INC.

Principal Place of Business

5944 RICHARD ST
JACKSONVILLE FL 32216
US

Mailing Address

5944 RICHARD ST
JACKSONVILLE FL 32216
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/19/1993

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

9. Name and Address of Current Registered Agent

DYKHUISEN, GERALD A
5944 RICHARD STREET
JACKSONVILLE FL 32216

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 PD
NAME GAJEWSKI, JIM
STREET ADDRESS 4501 BEVERLY AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

TITLE STD
NAME TRAER, WILLIAM
STREET ADDRESS 8810 GOODBY'S EXECUTIVE DR, STE C
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ DELETE

TITLE D
NAME PATTON, JOHN
STREET ADDRESS 111 RIVERSIDE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

TITLE VD
NAME JONES, CARLTON
STREET ADDRESS 600 WHARFIDE WAY
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE VD
NAME MCCURDY, D. STAN
STREET ADDRESS 5267 COMMONWEALTH AVE.
CITY-ST-ZIP JACKSONVILLE FL 32254

☐ DELETE

TITLE D
NAME MEYER, DAVID
STREET ADDRESS 5772 TIMUQUANA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 (904) 731-1506

CR2E037 (11/98)