

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 025 ****61.25

DOCUMENT # N93000000208

1. Entity Name
**ASSOCIATED BUILDERS AND CONTRACTORS,
FLORIDA'S FIRST COAST CHAPTER, INC.**



Principal Place of Business
**6900 SOUTHPPOINT DR N STE 120
JACKSONVILLE, FL 32216 US**

Mailing Address
**6900 SOUTHPPOINT DR N STE 120
JACKSONVILLE, FL 32216 US**

50000802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3145713

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRITT, ARNOLD JR.
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **TRITT, ARNOLD JR**
STREET ADDRESS **707 PENINSULAR PL**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **VP** ☒ Delete
NAME **HOFFMAN, PAUL**
STREET ADDRESS **4618 SOUTH POINT PARKWAY SUITE 101**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VP** ☒ Delete
NAME **HAMILTON, DAVID**
STREET ADDRESS **701 W. ADAMS ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☒ Delete
NAME **SPENCER, DAVE**
STREET ADDRESS **4856 VICTOR ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **T** ☐ Delete
NAME **PELLUM, RON**
STREET ADDRESS **5150 BELFORT ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Delete
NAME **WETHERELL, STEPHEN**
STREET ADDRESS **2900 HARTLEY RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TRITT, ARNOLD, JR.**
STREET ADDRESS **707 PENINSULAR PLACE**
CITY-ST-ZIP **JACKSONVILLE FLORIDA**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JEFF BLUNT**
STREET ADDRESS **6900 SOUTHPPOINT DRIVE NORTH, SUITE 120**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOFF BLUNT, GUYAN DIRECTOR
2007 ARNOLD D. TRITT, JR.

1/16/07 904/354-5200