

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001472 (9)**

1. Corporation Name
EAST PASCO COUNTY CONTRACTORS ASSOCIATION, INCORPORATED



Principal Place of Business 12152 FORT KING ROAD DADE CITY FL 33525	Mailing Address P.O. BOX 1819 DADE CITY FL 33526-1819
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3. Date Incorporated or Qualified 03/25/1994	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 59-3228257	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CUNNINGHAM, GRADY L
12152 FORT KING ROAD
DADE CITY FL 33525**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LARKIN, GORDON R	1.1 TITLE <i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 37438 MERIDIAN AVE.	CITY-ST-ZIP DADE CITY FL 33525	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE TD	NAME PRILLIMAN, LANI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6402 HUNTINGTON DR.	CITY-ST-ZIP ZEPHYRHILLS FL 33540	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SD	NAME CONNOR, RICH	3.1 TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11724 ELM ST.	CITY-ST-ZIP SAN ANTONIO FL 33576	3.2 NAME <i>Joe Creech</i>	
		3.3 STREET ADDRESS <i>73905 First Street</i>	
		3.4 CITY-ST-ZIP <i>DADE CITY, FL. 33525</i>	
TITLE D	NAME HAWLEY, REX	4.1 TITLE <i>President/Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 32818 PEACHTREE LANE	CITY-ST-ZIP ZEPHYRHILLS FL 33544	4.2 NAME <i>Paul Schaper</i>	
		4.3 STREET ADDRESS <i>11250 S. Hwy 98</i>	
		4.4 CITY-ST-ZIP <i>DADE CITY, FL. 33525</i>	
TITLE D	NAME POE, BILL	5.1 TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21125 TRILBY CEMETERY RD.	CITY-ST-ZIP TRILBY FL 33593	5.2 NAME <i>Sandra Gaden</i>	
		5.3 STREET ADDRESS <i>14429 4th Street</i>	
		5.4 CITY-ST-ZIP <i>DADE CITY, FL. 33523</i>	
TITLE D	NAME CUNNINGHAM, GRADY L	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12152 FORT KING ROAD	CITY-ST-ZIP DADE CITY FL 33525	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.

SIGNATURE _____ DATE **2-4-98** **352-567-5143**

CF2E037 (10/97)