

FILE NOW: FILING FEE IS \$61.25

FILED

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
--	---	---

DOCUMENT # **N94000001472 (9)**

1. Corporation Name

EAST PASCO COUNTY CONTRACTORS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**12152 FORT KING ROAD
DADE CITY FL 33525**

**P.O. BOX 1819
DADE CITY FL 33526-1819**

3. Date Incorporated or Qualified

03/25/1994

4. FEI Number

59-3228257

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, GRADY L
12152 FORT KING ROAD
DADE CITY FL 33525**

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** ☐ DELETE

NAME **LARKIN, GORDON R**
STREET ADDRESS **37438 MERIDIAN AVE.**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **TD** ☐ DELETE

NAME **PRILLMAN, LANI**
STREET ADDRESS **6402 HUNTINGTON DR.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **SD** ☒ DELETE

NAME **CONNOR, RICH**
STREET ADDRESS **11724 ELM ST.**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE **D** ☒ DELETE

NAME **HAWLEY, REX**
STREET ADDRESS **32818 PEACHTREE LANE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

TITLE **D** ☒ DELETE

NAME **POE, BILL**
STREET ADDRESS **21125 TRILBY CEMETERY RD.**
CITY-ST-ZIP **TRILBY FL 33593**

TITLE **D** ☐ DELETE

NAME **CUNNINGHAM, GRADY L**
STREET ADDRESS **12152 FORT KING ROAD**
CITY-ST-ZIP **DADE CITY FL 33525**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ 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 **Director** ☐ Change ☒ Addition

3.2 NAME **Joe Creech**
3.3 STREET ADDRESS **73905 First Street**
3.4 CITY-ST-ZIP **Dade City, Fl. 33525**

4.1 TITLE **President/Director** ☐ Change ☒ Addition

4.2 NAME **Paul Schaper**
4.3 STREET ADDRESS **11250 S. Hwy 98**
4.4 CITY-ST-ZIP **Dade City, Fl. 33525**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **Sandra Bader**
5.3 STREET ADDRESS **14424 4th Street**
5.4 CITY-ST-ZIP **Dade City, Fl. 33523**

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.

SIGNATURE

[Signature]

2-4-98

352-567-5143

CP2E037 (10/97)