FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003676 (3)**

1. Corporation Name
FLORIDA ASSOCIATION OF MINORITY CONTRACTORS, INC

Principal Place of Business	Mailing Address
1415 WEST CENTRAL BLVD. ORLANDO FL 32805-1709	1415 WEST CENTRAL BLVD. ORLANDO FL 32805-1709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:
4. FEI Number: 59-3048445 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1200 W. Colonial Dr	26 P.O. Bx 3803
Suite, Apt. #, etc. 22 2ND Floor	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip / County 24 32802 / 25 ORANGE	Zip / County 29 32802 / 30 ORANGE

9. Name and Address of Current Registered Agent

BRIDGE, W L
1415 WEST CENTRAL BLVD.
ORLANDO FL 32805-1709

10. Name and Address of New Registered Agent

81 Name: LAVERN R. KELLY
82 Street Address (P.O. Box Number is Not Acceptable): 1415 WEST CENTRAL BLVD
83
84 City: ORLANDO FL 85 Zip Code: 32805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lavern R. Kelly — PRESIDENT — 2/20/94
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Vice President	11 TITLE	Board Member D	☐ Change ☐ Addition
NAME	FRANK JOHNSON	12 NAME	BOB TYLER	
STREET ADDRESS	5411 WEST TYSON	13 STREET ADDRESS	800 North Highland Ave Suite 100	
CITY-ST-ZIP	TAMPA FL 33611	14 CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TRES.	21 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	TOM Coleman	22 NAME	LAVERN R. Kelly	
STREET ADDRESS	1069 South Hiawassee	23 STREET ADDRESS	1415 W. CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32835	24 CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SECT	31 TITLE		☐ Change ☐ Addition
NAME	JAN BENSON	32 NAME		
STREET ADDRESS	7350 WESPORT, Suite 216	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835	34 CITY-ST-ZIP		
TITLE	Board Member D	41 TITLE		☐ Change ☐ Addition
NAME	GARY THACKER	42 NAME		
STREET ADDRESS	7350 WESPORT Suite 216	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835	44 CITY-ST-ZIP		
TITLE	Board Member D	51 TITLE		☐ Change ☐ Addition
NAME	SAMUEL BUTLER	52 NAME		
STREET ADDRESS	9236 Airport Blvd	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32827	54 CITY-ST-ZIP		
TITLE	Board Member D	61 TITLE		☐ Change ☐ Addition
NAME	LLOYD BRIDGE	62 NAME		
STREET ADDRESS	1416 W. CENTRAL BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805	64 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)(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: Lavern R. Kelly — 2/20/95 — 407 246 1727
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — (Daytime Phone #)

003388