


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000934 (7) 1. Corporation Name UNIFIED CONTRACTORS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 1296 NORTH CHURCH AVENUE MULBERRY FL 33860			Mailing Address 1296 NORTH CHURCH AVENUE MULBERRY FL 33860-2000		
2. Principal Place of Business 21 1408 Woodstork Drive Suite, Apt. #, etc.		2a. Mailing Address 26 1408 Woodstork Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/22/1996	
22 City & State Brandon, Florida		27 City & State Brandon, Florida		3a. Date of Last Report N/A	
23 Zip 33511		28 Zip 33511		4. FEI Number 59-3368485	
24 Country Hillsborough		29 Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BROWN, JOHN 1296 NORTH CHURCH AVENUE MULBERRY FL 33860		10. Name and Address of New Registered Agent 81 Name Brown, John		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		82 Street Address (P.O. Box Number is Not Acceptable) 1408 Woodstork Drive		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SIGNATURE <i>John Brown</i> PD, John Brown 5/13/97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating.)</small>		83		84 City Brandon	
85 Zip Code FL 33511		12. OFFICERS AND DIRECTORS			
TITLE PD		1.1 TITLE PD			
NAME BROWN, JOHN		1.2 NAME Brown, John			
STREET ADDRESS 1030 WEST OLIVE STREET		1.3 STREET ADDRESS 1408 Woodstork Drive			
CITY-ST-ZIP LAKELAND FL 33801		1.4 CITY-ST-ZIP Brandon, FL 33511			
TITLE VPD		2.1 TITLE VPD			
NAME KENDRICK, FRANK		2.2 NAME KENDRICK, FRANK			
STREET ADDRESS 1031 W. 14TH STREET		2.3 STREET ADDRESS 1031 W. 14TH STREET			
CITY-ST-ZIP LAKELAND FL 33805		2.4 CITY-ST-ZIP LAKELAND FL 33805			
TITLE SD		3.1 TITLE SD			
NAME AUSTIN, JAMES P		3.2 NAME Allen, Torrey			
STREET ADDRESS 602 W NORTH AVENUE		3.3 STREET ADDRESS 2894 Dudley Drive			
CITY-ST-ZIP LAKE WALES FL 33853		3.4 CITY-ST-ZIP Bartow, FL 33830			
TITLE TD		4.1 TITLE TD			
NAME BURT, JIMMIE		4.2 NAME Williams, Stepfan			
STREET ADDRESS 835 MAPLE AVENUE		4.3 STREET ADDRESS 8911 Orange Oak Circle			
CITY-ST-ZIP BARTOW FL 33831		4.4 CITY-ST-ZIP Tampa, FL 33637			
TITLE D		5.1 TITLE D			
NAME SMITH, RAYMOND		5.2 NAME SMITH, RAYMOND			
STREET ADDRESS 201 GANDY STREET		5.3 STREET ADDRESS 201 GANDY STREET			
CITY-ST-ZIP AUBURNDAL FL 33823		5.4 CITY-ST-ZIP AUBURNDAL FL 33823			
TITLE D		6.1 TITLE D			
NAME GAINES, MICHAEL		6.2 NAME GAINES, MICHAEL			
STREET ADDRESS 2102 2N AVENUE		6.3 STREET ADDRESS 2102 2N AVENUE			
CITY-ST-ZIP LAKELAND FL 33805		6.4 CITY-ST-ZIP LAKELAND FL 33805			
14. I do 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: <i>John Brown</i> PD, John Brown 5/13/97 813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E037 (9/96)