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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90022 050 \*\*\*\*61.25

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**DOCUMENT # N97000000680**

1. Corporation Name

**MINORITY CONTRACTORS ASSOCIATION, INC.**

Principal Place of Business

2301 2ND AVE S  
ST. PETERSBURG FL 33712  
US

Mailing Address

2301 2ND AVE SOUTH  
ST. PETERSBURG FL 33712  
US



2. Principal Place of Business

21 **2301 2nd Ave So**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**02/03/1997**

4. FEI Number

**59-3436916**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

City & State

23 **St. Pete, Florida**

City & State

28 Zip Country

24 **33712** 25 **Pinellas**

29 Zip Country 30

9. Name and Address of Current Registered Agent

**PETERSON, SHARON**  
**2301 2ND AVE SOUTH**  
**ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

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 617.0508, 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]*

(NOTE: Registered Agent signature required when reinstating)

**April 28, 1999**

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **KETTLES, CLAYTON**  
STREET ADDRESS **2301 2ND AVE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **VD** ☐ DELETE

NAME **GOODMAN, LEROY**  
STREET ADDRESS **2301 2ND AVE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **TD** ☐ DELETE

NAME **WIGGINS, JEAN**  
STREET ADDRESS **2301 2ND AVE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **ED** ☐ DELETE

NAME **PETERSON, SHARON**  
STREET ADDRESS **2301 2ND AVE S**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, ROBERT**  
STREET ADDRESS **2301 2ND AVE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **D** ☐ DELETE

NAME **BARROWS, BUBA**  
STREET ADDRESS **2301 2ND AVE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **Kettles, Clayton**  
1.3 STREET ADDRESS **2301 2nd Ave So.**  
1.4 CITY-ST-ZIP **St. Pete. Fla 33712**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Goodman, Leroy**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Wiggins, Jean**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **Peterson, Sharon**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **Rodriguez, Robert**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **Barrow, Buba**  
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, with all other like empowered.

SIGNATURE: *[Signature]*

**April 28, 1999 (727) 323-9033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)