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Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003795

1. Corporation Name

THE AMERICAN SPECIALTY CONTRACTORS OF FLORIDA, I NC.

Principal Place of Business

~~1208 IMPERIAL DR.~~
~~NAPLES FL 34110~~

Mailing Address

~~1208 IMPERIAL DR.~~
~~NAPLES FL 34110~~



2. Principal Place of Business 21 13511 Rail Head Boulevard Suite, Apt. #, etc. 22 Suite 1 City & State 23 Naples FL Zip Country 24 34110 25 Collier		2a. Mailing Address 26 13511 Rail Head Boulevard Suite, Apt. #, etc. 27 Suite 1 City & State 28 Naples FL Zip Country 29 34110 30 Collier		3. Date Incorporated or Qualified 06/20/1997
		4. FEI Number 65-3455621		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

SLACK, MARK A
2150 GOODLETTE RD.
SIXTH FL.
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name	Kent A. Johanson		
82 Street Address (P.O. Box Number is Not Acceptable)	3541 Bonita Bay Boulevard		
83	Suite 100		
84 City	Bonita Springs	FL	85 Zip Code 34134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTEN, RICK	1.2 NAME	Gary Hayes
STREET ADDRESS	27978 CARL CIRCLE	1.3 STREET ADDRESS	299 Airport Road N
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONNOT, RAY	2.2 NAME	Eric Beauchamp
STREET ADDRESS	5467 YAHL ST.	2.3 STREET ADDRESS	3584 Progress Ave.
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILIE, KATHY	3.2 NAME	Samuel M. Smart
STREET ADDRESS	P.O. BOX 9140 N/A	3.3 STREET ADDRESS	2318 J & C Blvd.
CITY-ST-ZIP	NAPLES FL 34101	3.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUST, ROBERT J	4.2 NAME	Konnice Kimbrell
STREET ADDRESS	900 SIXTH AVE. S. #303	4.3 STREET ADDRESS	2403 Trade Center Way #4
CITY-ST-ZIP	NAPLES FL 34102	4.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, KIM	5.2 NAME	
STREET ADDRESS	5911 TAYLOR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **5/26/99** **598-2800** **(941)**

CR2E037 (1/98)