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Secretary of State

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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, INC.

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

24 34110

Country

25 Collier

2a. Mailing Address

26 13511 Rail Head Boulevard

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Naples FL

Zip

29 34110

Country

30 Collier

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

65-3455621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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, 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

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BETTEN, RICK	
STREET ADDRESS	27978 CARL CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONNOT, RAY	
STREET ADDRESS	5467 YAHL ST.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAILIE, KATHY	
STREET ADDRESS	P.O. BOX 9140 N/A	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUST, ROBERT J	
STREET ADDRESS	900 SIXTH AVE. S. #303	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, KIM	
STREET ADDRESS	5911 TAYLOR RD.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary Hayes	
1.3 STREET ADDRESS	299 Airport Road N	
1.4 CITY-ST-ZIP	Naples, FL 34104	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eric Beauchamp	
2.3 STREET ADDRESS	3584 Progress Ave.	
2.4 CITY-ST-ZIP	Naples, FL 34104	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Samuel M. Smart	
3.3 STREET ADDRESS	2318 J & C Blvd.	
3.4 CITY-ST-ZIP	Naples, FL 34109	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Konnie Kimbrell	
4.3 STREET ADDRESS	2403 Trade Center Way #4	
4.4 CITY-ST-ZIP	Naples, FL 34109	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Samuel M. Smart (941) 598-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)