

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90033 047 ****61.25

000668

DOCUMENT # N97000003913

1. Corporation Name

CONTRACTORS' ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

**2066 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

Mailing Address

**2066 THOMASVILLE ROAD
TALLAHASSEE FL 32312**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

31-1577528

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

9. Name and Address of Current Registered Agent

**MCRAE, CHRISTOPHER T
MCRAE & METCALF, P.A.
2066 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **STUCKEY, EARL**
STREET ADDRESS **3298 HWY 179 SOUTH**
CITY-ST-ZIP **WHIGHAM GA 31797**

TITLE **V** ☐ DELETE

NAME **SMITH, GENE**
STREET ADDRESS **RT. 4 BOX 2090**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **S** ☐ DELETE

NAME **THOMPSON, DAVID**
STREET ADDRESS **RT. 3 BOX 642**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE

NAME **ROBERTS, CHARLES W III**
STREET ADDRESS **HWY 20 EAST P.O. BOX 188**
CITY-ST-ZIP **HOSFORD FL 32334**

TITLE **D** ☐ DELETE

NAME **SOLOMON, S H IV**
STREET ADDRESS **414 CALDWELL ST.P.O. BOX 1449**
CITY-ST-ZIP **QUINCY FL 32353**

TITLE **D** ☐ DELETE

NAME **PEAVY, MAGNUS D**
STREET ADDRESS **US 27 NORTH ROUTE 4M BOX 2090**
CITY-ST-ZIP **HAVANA FL 32333**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

912-872-3646

Date

Daytime Phone #

CR2E037 (11/98)