

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000004749 (4)

1. Corporation Name

**AMERICAN SUBCONTRACTORS ASSOCIATION FLORIDA WEST
CENTRAL CHAPTER, INC.**

Principal Place of Business

**6844 CECILIA DRIVE
NEWPORT RICHEY FL 34653**

Mailing Address

**6844 CECILIA DRIVE
NEWPORT RICHEY FL 34653**



3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

59-3448586

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LENTZ, H J
35111 U.S. 19 NORTH
SUITE 302
PALM HARBOR FL 34684**

81 Name

ROSCOE OSBRON

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

6844 CECILIA DRIVE

83

84 City

NEW PORT RICHEY

FL

85 Zip Code **34653**

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

Roscoe Osbron

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 ☐ DELETE

**VDP
NAME OSBRON, ROSCOE
STREET ADDRESS 6844 CECILIA DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34653**

TITLE ☐ DELETE

**DT
NAME JONES, PAT
STREET ADDRESS 4743 U.S. 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652**

TITLE ☐ DELETE

**DS
NAME SKATKD, KATE
STREET ADDRESS 621 CIRCLE DRIVE WEST
CITY-ST-ZIP LARGO FL 34640**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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.

SIGNATURE: *Roscoe Osbron* *Roscoe Osbron*

4/1/98

813-847-3094

CR2E037 (10/97)