

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90015 042 ****61.25

DOCUMENT # N98000007008

1. Entity Name
**THE ASSOCIATED GENERAL CONTRACTORS OF
GREATER FLORIDA, INC.**



Principal Place of Business
**2144 ROSSELLE STREET
JACKSONVILLE, FL 32204**

Mailing Address
**2144 ROSSELLE STREET
JACKSONVILLE, FL 32204**

11091000



2. Principal Place of Business
4720 SALISBURY ROAD

3. Mailing Address
4720 SALISBURY ROAD

Suite, Apt. #, etc.
Suite 238

Suite, Apt. #, etc.
Suite 238

07022004 Chg-NP CR2E037 (10/03)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3545840

Applied For
Not Applicable

Zip
32256

Country
U.S.A.

Zip
32256

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CROWE, ROB
STREET ADDRESS 701 WEST ADAMS ST
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE TD ☐ Delete
NAME GREENFIELD, BARRY
STREET ADDRESS P.O BOX 21327
CITY-ST-ZIP TAMPA, FL 33622

TITLE EVD ☐ Delete
NAME HALL, STEVAN A
STREET ADDRESS 2144 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **EN PROFFER, JR. president** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1108 ELDREDGE Street**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4720 Salisbury RD #238**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stevan A. Hall** **7/6/04 (904) 493-6068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #