

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33385 (6)

1. Corporation Name

AMERICAN INSTITUTE OF CONSTRUCTORS, INC.



Principal Place of Business

**466 94TH AVE N.
ST. PETERSBURG FL 33702**

Mailing Address

**466 94TH AVE N.
ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified
02/22/1991

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

73-0934883

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, CHERYL P.
466 94TH AVE N.
ST. PETERSBURG FL 33702**

81 Name

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

83

84 City

FL

85 Zip Code

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **GRIEK, MARTIN**
CITY-ST-ZIP **795 SO. NORFOLK ST.
AURORA CO**

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **ALLEN, CROWLEY**
CITY-ST-ZIP **3583 W 4TH ST
FT. WORTH TX**

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **JOSEPH G. HUBER**
CITY-ST-ZIP **679 WOODBINE DR
TERRE HAUTZ IN**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **THEISEN, C.J.**
CITY-ST-ZIP **12917 HARNE ST.
OMAHA NE**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHERYL P. HARRIS**
CITY-ST-ZIP **466 94TH AVE N.
ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MATTSON, DAVID**
CITY-ST-ZIP **4455 E. CAMELBACK RD.
PHOENIX AZ**

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 **VD**
2.3 STREET ADDRESS **James Lawler**
2.4 CITY-ST-ZIP **30255 Solon Industrial Pkwy.
Solon, OH 44139**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **Gary Thurston**
3.4 CITY-ST-ZIP **1820 LeMoyne Ave.
Syracuse, NY 13208**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VD**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

813-578-0317

Date

Daytime Phone #

CR2E037 (12/95)