FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P33385	(6)							
AMERICAN INSTITUTE OF CONSTRUCTORS, INC.						 			
Principal Place of Business Mailing Address						-{	14H 010H 14	HI SINI NAN NA	
466 94TH AVE N. 466 94TH AVE N. 8T. PETERSBURG FL 33702 ST. PETERSBURG FL 33702						3. Date Incorporated or Qualified 02/22/1991 4. FEI Number		Ap	plied For
						73-0934883		No	t Applicable
2. Principal Place of Business 2a. Mailing Address 2a. 1300 N. 17 Th St. 2a. 1300 N. 17			174h	Th St.		5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>		6. Election Campaign Financing		\$5.00 N	
2 830 27 830						Trust Fund Contribution		Added to	
City & State City & State City & State Rosslyn, VA 28 Rosslyn, V			VA	A		7. Is this nonprofit corporation a he	omeowner		n?
Zip Country Zip			Cou	- * -		8. This corporation owes or has paid the current year Intangible			
24 2270	9. Name and Address of Current	29 2-27-09 Registered Agent	30 (USA_		Personal Property Tax due June 10. Name and Address of New Re] No
		81 Name			9	<u>-</u>			
HARRIS, CHERYL P.				82 Street Address (P.O. Box Number is Not Acceptable)					
486 94TH AVE N.			Ì						
ST. PETERSBURG FL 33702				83					
				84 City FL 85 Zip Co				Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the al	ove-named	corpo	pration submits this statement for the	purpose o	f changing it	s registered
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was ons of. Section 617,0503. F	authorized	d by the cor	poratio	on's board of directors. I hereby acce	pt the app	cointment as	registered
SIGNATURE _									1
	Signature typed or printed name of registered agent and title if applicable. (NOTE: Regis					DATE	DIDECTOR		
TITLE	PD OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE	JEHS ANL	Change	Addition
NAME	THEISEN, C.J.	_	1.2 N						1
STREET ADDRESS	P.O. BOX 369 N/A		1.3 \$1	REET ADORESS	130	chard W. Singer 20 N. 17+4 St. 9	Suito	830	13
CITY-ST-ZIP	NORFOLK VA		1.4 CI	1.4 CITY - ST - ZIP		255 VA. VA 2220	9		
TITLE	DVP	☐ DELETE	2 1 TI	21 TITLE				Change	☐ Addition (
NAME	THURSTON, GARY		2 2 N		ļ				}
STREET ADDRESS	OVER ALION AND			REET ADDRESS	ł				}
CITY-ST-ZIP	SYRACUSE NY TD	☐ DELETE	2, 4 C	ITY-ST-ZIP	├			Change	Addition
NAME	GARY THURSTON			3.2 NAME					
STREET ADDRESS	1820 LEMOYNE AVENUE			REET ADDRESS	ĺ				
CITY-ST-ZIP	SYRACUSE N 3.4		3.4. C	ITY-ST-ZIP	ſ				j
TITLE	\$D	☐ DELETE	4.1 TI	4.1 TITLE				Change	Addition
NAME	MATTSON, DAVID		4. 2 N	4. 2 NAME]
STREET ADDRESS	7045 CAMELBACK RD, STE. D			REET ADDRESS	}				,
CITY-ST-ZIP	SCOTTSDALE AZ	DELETE		4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition
TITLE NAME	D Cheryl P. Harris	□ Derest		. 5.1 MILE 5.2 NAME				C Cusude	LI AUGILION
STREET ADDRESS	466 94TH AVE N.		1	5.2 NAME 5.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY - ST - ZIP					}
TITLE	SD	DELETE	6.1 Ti		 			Change	Addition
NAME	MATTSON, DAVID		6.2 N	ME]				ĺ
STREET ADDRESS	is 4455 E. CAMELBACK RD. [63		6.3 \$1	REET ADDRESS					
CITY-ST-ZIP	PHOENIX AZ 6.4		6.4 CI	TY-ST-ZIP	<u> </u>				

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.

FILED

May 18 1998 8:00am

Secretary of State