

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000071725

1. Corporation Name

ASSOCIATED ARCHITECTS & CONTRACTORS, INC.

Principal Place of Business

4016 W MCKAY AVE  
TAMPA FL 33609  
US

Mailing Address

P.O. BOX 320805  
TAMPA FL 33679

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90001 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

59-3214006

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARDING, DON  
4016 MCKAY AVE  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

HARDING, DON

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

22111 RIVERHEAD AV.

83

84 City

PT. CHARLOTTE, FL

85 Zip Code

33952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 HARDING, DON  
STREET ADDRESS 4016 W MCKAY AVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME HARDING, DON  
STREET ADDRESS 4016 MCKAY AVE  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
1.2 NAME HARDING, DON  
1.3 STREET ADDRESS 22111 RIVERHEAD AV.  
1.4 CITY-ST-ZIP PT. CHARLOTTE, FL. 33952

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME HARDING, DON  
2.3 STREET ADDRESS 22111 RIVERHEAD AV.  
2.4 CITY-ST-ZIP PT. CHARLOTTE, FL. 33952

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 607, 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:

DONALD R. HARDING 4-8-99 941-627-8851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)