## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000208

Entity Name: ASSOCIATED BUILDERS AND CONTRACTORS, FLORIDA'S

FIRST COAST CHAPTER, INC.

FILED Feb 25, 2025 Secretary of State 6492013791CC

## **Current Principal Place of Business:**

8130 BAYMEADOWS WAY WEST

SUITE 307

JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8130 BAYMEADOWS WAY WEST SUITE 307 JACKSONVILLE, FL 32256 US

FEI Number: 59-3145713 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TRITT, ARNOLD JR 707 PENINSULAR PLACE JACKSONVILLE, FL 32204 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title T

Name HOFFMAN, KARIN TUCKER Name OUIMET, TRAVIS

Address 8130 BAYMEADOWS WAY WEST, Address 5150 BELFORT RD. #600

SUITE 307

City-State-Zip: JACKSONVILLE FL 32256

Title C

Name SPRADLIN, EVENDER Name CONLAN, TIM

Address C/O RELIANT ROOFING
Address C/O BATSON COOK COMPANY 8000 BEI FORT PARKWA

C/O BATSON COOK COMPANY
8000 BELFORT PARKWAY, SUITE 200
8860 PHILIPS HIGHWAY

City-State-Zip:

JACKSONVILLE FL 32256

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title VC

Name HAIRSTON, COLE

Address CP USI

4600 TOUCHTON ROAD STE. 275,

BLDG. 100

City-State-Zip: JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARIN TUCKER HOFFMAN

DIRECTOR

02/25/2025