

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 708161 (5)

1. Corporation Name

HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BRE  
VARD, INC.

Principal Place of Business

Mailing Address

1500 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935

1500 W. EAU GALLIE BLVD.  
STE A  
MELBOURNE FL 32935  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1964

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1448721

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAVIS, DEL  
1500 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935

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 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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V  
NAME MCWILLIAMS, TIM  
STREET ADDRESS 492 E. EAU GALLIE BLVD.  
CITY - ST - ZIP INDIAN HARBOUR BCH. FL

11 TITLE P  
12 NAME  Change  Addition  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE EVP  
NAME TRAVIS, DEL  
STREET ADDRESS 4025 PARKWAY DR.  
CITY - ST - ZIP MELBOURNE FL

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE D  
NAME MCWILLIAMS, DAVE  
STREET ADDRESS 1790 N. HIGHWAY A1A  
CITY - ST - ZIP SATELUTE BEACH FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE P  
NAME MCDANIEL, LARRY  
STREET ADDRESS 4505 W. CHENEY HIGHWAY  
CITY - ST - ZIP TITUSVILLE FL

41 TITLE D  
42 NAME  Change  Addition  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE D  
NAME PENCE, ROY  
STREET ADDRESS 3115 NE DIXIE HIGHWAY  
CITY - ST - ZIP PALM BAY FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE D  
NAME WHITE, ROBERT  
STREET ADDRESS 7025 N. WICKHAM RD.  
CITY - ST - ZIP MELBOURNE FL

61 TITLE V  
62 NAME Boman, Matt  
63 STREET ADDRESS 1520 Bottlebrush Dr  
64 CITY - ST - ZIP Palm Bay, FL 32905

REMITTED BY MAY 1

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

*Del Travis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Del Travis, Exec. V.P.

4/21/95

(407) 254-3700

Date

Telephone Number