

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
| | | DOCUMENT # 708161 (5) 1. Corporation Name HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BRE VARD, INC. |

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| Principal Place of Business 1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935 | Mailing Address 1500 W. EAU GALLIE BLVD. STE A MELBOURNE FL 32935 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 3. Date Incorporated or Qualified 11/25/1964 | 3a. Date of Last Report 05/01/1995 |
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| 4. FEI Number 59-1448721 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent TRAVIS, DEL 1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, TIM |
| STREET ADDRESS | 492 E. EAU GALLIE BLVD. |
| CITY-ST-ZIP | INDIAN HARBOUR BCH. FL |
| TITLE | EVP <input type="checkbox"/> DELETE |
| NAME | TRAVIS, DEL |
| STREET ADDRESS | 4025 PARKWAY DR. |
| CITY-ST-ZIP | MELBOURNE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, DAVE |
| STREET ADDRESS | 1790 N. HIGHWAY A1A |
| CITY-ST-ZIP | SATELLITE BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MCDANIEL, LARRY |
| STREET ADDRESS | 4505 W. CHENEY HIGHWAY |
| CITY-ST-ZIP | TITUSVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | PENCE, ROY |
| STREET ADDRESS | 3115 NE DIXIE HIGHWAY |
| CITY-ST-ZIP | PALM BAY FL |
| TITLE | V <input checked="" type="checkbox"/> DELETE |
| NAME | BOMAN, MATT |
| STREET ADDRESS | 1520 BOTTLEBRUSH DR |
| CITY-ST-ZIP | PALM BAY FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Arbuckle, Nancy |
| 6.3 STREET ADDRESS | P.O. Box 410369 |
| 6.4 CITY-ST-ZIP | Melbourne, FL 32941-0369 |

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: Del Travis 5/1/96 (407) 254-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Del Travis, Exec. V.P.

CR2E037 (12/95)

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>City, State</u> |
|--------------|------------------|------------------------|--------------------------|
| S | Armstrong, Dave | 7350 Talona Ave. | Melbourne, FL 32904 |
| T | LaFleur, Paul | 2950 W. New Haven Ave. | Melbourne, FL 32904 |
| D | Blahauvietz, Kay | 106 Dixie Lane | Cocoa Beach, FL 32932 |