


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 708161 (5)

1. Corporation Name
HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.



| | |
|---|---|
| Principal Place of Business 1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935 | Mailing Address 1500 W. EAU GALLIE BLVD. STE A MELBOURNE FL 32935-5367 US |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/25/1964 | 3a. Date of Last Report 05/01/1996 |
| 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 checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

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

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 | D <input checked="" type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, TIM |
| STREET ADDRESS | 492 E. EAU GALLIE BLVD. |
| CITY-ST-ZIP | INDIAN HARBOUR BCH. FL |
| TITLE | EV <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 | P <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 type="checkbox"/> DELETE |
| NAME | ARBUCKLE, NANCY |
| STREET ADDRESS | P.O. BOX 410369 |
| CITY-ST-ZIP | MELBOURNE FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | D MCDANIEL, LARRY |
| 4.3 STREET ADDRESS | 135 PLANTATION DRIVE |
| 4.4 CITY-ST-ZIP | TITUSVILLE, FL. 32780 |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | P ARBUCKLE, NANCY |
| 6.3 STREET ADDRESS | P.O. BOX 410369 |
| 6.4 CITY-ST-ZIP | MELBOURNE, FL. 32940 N/A |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

[Handwritten Signature] 4/28/97 (407) 254-3700

CR2E037 (9/96)

Title

Name

Address

City, State

V

Armstong, Dave

7350 Talona Ave.

Melbourne, FL 32904

T

LaFleur, Paul

2950 W. New Haven Ave. Melbourne, FL 32904