

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 11/25/1964	
4. FEI Number 59-1448721	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	25. Country
29. Zip	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	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	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 checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, LARRY	
STREET ADDRESS	135 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PENCE, ROY	
STREET ADDRESS	3115 NE DIXIE HIGHWAY	
CITY-ST-ZIP	PALM BAY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARBUCKLE, NANCY	
STREET ADDRESS	P.O. BOX 410369 N/A	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP/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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cragg, Anita	
3.3 STREET ADDRESS	P.O. Box 51-0845 N/A	
3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LaFleur, Paul	
4.3 STREET ADDRESS	2950 W. New Haven Ave.	
4.4 CITY-ST-ZIP	Melbourne, FL 32904	
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Armstrong, David	
5.3 STREET ADDRESS	7350 Talona Ave.	
5.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **3/20/98 (407) 254-3700**

CF2E037 (10/97)