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Mar 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708161

1. Corporation Name
**HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BRE
 VARD, 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/25/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1448721
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, DEL	1.2 NAME	
STREET ADDRESS	4025 PARKWAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, DAVE	2.2 NAME	
STREET ADDRESS	1790 N. HIGHWAY A1A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAGG, ANITA	3.2 NAME	
STREET ADDRESS	P O BOX 51-0845 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFLEUR, PAUL	4.2 NAME	James Tharpe
STREET ADDRESS	2950 W NEW HAVEN AVE	4.3 STREET ADDRESS	1801 W. Hibiscus Blvd.
CITY-ST-ZIP	MELBOURNE FL 32904	4.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, DAVID	5.2 NAME	Roseann DiPrima McWilliams
STREET ADDRESS	7350 TALONA AVE	5.3 STREET ADDRESS	P.O. Box 372595
CITY-ST-ZIP	W MELBOURNE FL 32904	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Tom Metz
STREET ADDRESS		6.3 STREET ADDRESS	4063 N. Indian River Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Cocoa, FL 32927

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, with all other like empowered.

SIGNATURE: _____ **3/24/99** **(407) 254-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)