

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711069 (5)**  
 1. Corporation Name  
**TAMPA BUILDERS' EXCHANGE, INC.**



Principal Place of Business <b>605 SO FREMONT AVE TAMPA FL 33606</b>	Mailing Address <b>605 SO FREMONT AVE TAMPA FL 33606</b>
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3. Date Incorporated or Qualified <b>06/21/1966</b>	3a. Date of Last Report <b>02/03/1995</b>
4. FEI Number <b>59-0474893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
<b>DIAZ, ELIER 4319 CULBREATH RD VALRICO FL 33594</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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: *[Signature]* DATE: **4/17/96**

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ROBBINS, JAY</b>
STREET ADDRESS	<b>13001 NO NEBRASKA AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BERRY, BRYAN</b>
STREET ADDRESS	<b>1525 W KENNEDY BLVD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DIAZ, ELIER</b>
STREET ADDRESS	<b>4319 CULBREATH RD</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HARDY, JIM</b>
STREET ADDRESS	<b>4210 EL PRADO BLVD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GUY, DANA</b>
STREET ADDRESS	<b>13215 N NEBRASKA AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, MERLYN</b>
STREET ADDRESS	<b>14826 WINDING CREEK CT</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>(See Attached)</b>
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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *[Signature]* DATE: **4/17/96** (813) 253-5733

CR2E037 (12/95)

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TAMPA BUILDERS EXCHANGE, INC.

OFFICE AND DIRECTORS

P	DIAZ, DEL	1704 W. GRACE ST.	TAMPA, FL
1ST V P	HARDY, JIM	4210 EL PRADO BLVD.	TAMPA, FL
2ND V P	DIAZ, ELIER	5353 W. TYSON AVENUE	TAMPA, FL
S	BERRY, BRYAN	1720 W. CLEVELAND ST. #C	TAMPA, FL
T	GUY, DANA	13215 N. NEBRASKA AVE.	TAMPA, FL
P P	ROBBINS, JAY	13001 N. NEBRASKA AVE.	TAMPA, FL
D	BRAMMER, TOM	4811 ALEXANDRIA AVENUE	TAMPA, FL
D	BROWN, MERLYN	14826 WINDING CREEK CT.	TAMPA, FL
D	CONDON, PATRICK	2311 W. MAIN STREET	TAMPA, FL
D	HAYWARD, WILLIAM	5915 MEMORIAL HWY. STE K	TAMPA, FL
D	HERTER, TOM	8707 RIVER FOREST CIR.	TAMPA, FL
D	HILE, CHARLES	4504 TOWN N' COUNTRY	TAMPA, FL
D	MILLER, BONNIE	602 N. OREGON AVENUE	TAMPA, FL
D	RANON, CARLOS	5109 N. HOWARD AVE.	TAMPA, FL