

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737320 (2)
1. Corporation Name
PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION, INC.

Principal Place of Business 2428 LISENBY AVENUE P.O. BOX 979 PANAMA CITY FL 32402	Mailing Address 2428 LISENBY AVENUE P.O. BOX 979 PANAMA CITY FL 32402
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FILED

95 JAN 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1976	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1584523	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JERRY FULCHER, EXECUTIVE OFFICER
2428 LISENBY AVENUE
PANAMA CITY BCH FL 32405

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	BROWN, DOUG JR	1.2 NAME	
STREET ADDRESS	4936 DEERWOOD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	P
NAME	SWOPE, DOUG	2.2 NAME	Robert Goree
STREET ADDRESS	730 N HWY 231	2.3 STREET ADDRESS	2428 Lisensby Ave.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	D	3.1 TITLE	
NAME	HADDOCK, BILL	3.2 NAME	
STREET ADDRESS	2305 HIGHWAY 77	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T
NAME	CRAWFORD, JOHN	4.2 NAME	
STREET ADDRESS	109 LAKE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GLADSTONE, TOM	5.2 NAME	
STREET ADDRESS	2810 GORDON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COOLEY, RICHARD	6.2 NAME	
STREET ADDRESS	1910 DRUMMOND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Goree

17 JAN 95

Daytime Phone #

904 233-6245