

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737320 (2)

1. Corporation Name

PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION
INC.



Principal Place of Business

Mailing Address

2428 LIENBY AVENUE
P.O. BOX 979
PANAMA CITY FL 32402

2428 LIENBY AVENUE
P.O. BOX 979
PANAMA CITY FL 32402

3. Date Incorporated or Qualified

11/16/1976

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, DOUG JR
STREET ADDRESS 4936 DEERWOOD AVE
CITY-ST-ZIP YOUNGSTOWN FL

DELETE

TITLE V
NAME SWOPE, DOUG
STREET ADDRESS 730 N HWY 231
CITY-ST-ZIP PANAMA CITY FL

☒ DELETE

TITLE D
NAME HADDOCK, BILL
STREET ADDRESS 2305 HIGHWAY 77
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE T
NAME CRAWFORD, JOHN
STREET ADDRESS 109 LAKE PLACE
CITY-ST-ZIP PANAMA CITY BEACH FL

☐ DELETE

TITLE D
NAME GLADSTONE, TOM
STREET ADDRESS 2810 GORDON ST
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE D
NAME COOLEY, RICHARD
STREET ADDRESS 1919 DRUMMOND AVE
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Bill Ledman
1.3 STREET ADDRESS Bay Point, Box 27267 or 2428 Lienby Ave
1.4 CITY-ST-ZIP Panama City Beach, FL 32411 Panama City, FL 32405

Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE VP
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill Ledman 16 Jan 96 (904) 235-2233

Date

Daytime Phone #

CR2E037 (12/95)