


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90079 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 737320</b>					
1. Corporation Name <b>PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION, INC.</b>					
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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/16/1976 4. FEI Number 59-1584523 Applied For 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	
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9. Name and Address of Current Registered Agent JERRY FULCHER, EXECUTIVE OFFICER 2428 LISENBY AVENUE PANAMA CITY BCH FL 32405				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 Jerry C. Fulcher DATE 6 JAN 99  
Signature, typed or printed name of registered agent and title if applicable. (NO USE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEDMAN, BILL			1.2 NAME			
STREET ADDRESS	VAY POINT, BOX 27267			1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDOCK, BILL			2.2 NAME			
STREET ADDRESS	2305 HIGHWAY 77			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL						
TITLE	D	<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, JOHN						
STREET ADDRESS	109 LAKE PLACE						
CITY-ST-ZIP	PANAMA CITY BEACH FL						
TITLE	D	<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLADSTONE, TOM						
STREET ADDRESS	2810 GORDON ST						
CITY-ST-ZIP	PANAMA CITY FL						
TITLE	D	<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTZOG, CULLEN			5.2 NAME			
STREET ADDRESS	111 FLORIDA AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL 32444			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTHRIE, ALLEN			6.2 NAME			
STREET ADDRESS	129 BAYOU DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			6.4 CITY-ST-ZIP			

any of these  
one of these  
sign

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: John Crawford DATE 19 JAN 99 DAYTIME PHONE # 784-0232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)