FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:26

DOCUMENT # **746849** **(9)**

1. Corporation Name
CITRUS COUNTY BUILDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1196 S. LECANTO HWY. LECANTO FL 32661	1196 S. LECANTO HWY. LECANTO FL 32661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1979**
3a. Date of Last Report: **03/15/1994**
4. FEI Number: **59-1896946** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) U S A
Zip (29) Country (30) U S A
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

9. Name and Address of Current Registered Agent

RAMSEY, JUDY
1196 S. LECANTO HWY.
LECANTO FL 34461

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

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: Judy Ramsey — 2/27/95
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	PD	1.1 TITLE	☐ Change ☐ Addition PD
NAME	KELLNER, JAMES	1.2 NAME	SANDERS, CHUCK
STREET ADDRESS	P.O. BOX 220 N/A	1.3 STREET ADDRESS	2472 N ESSEX AVE
CITY-ST-ZIP	HOLDER FL 34445	1.4 CITY-ST-ZIP	HERNANDO FL 34442
TITLE	PED	2.1 TITLE	☐ Change ☐ Addition PED
NAME	SANDERS, CHUCK	2.2 NAME	KINGREE, STEVE
STREET ADDRESS	2472 N. ESSEX AVE.	2.3 STREET ADDRESS	155 SE HWY 19
CITY-ST-ZIP	HERNANDO FL 34442	2.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition VPD
NAME	KINGREE, STEVE	3.2 NAME	CLARK, DELORES
STREET ADDRESS	1308 N. DUNKENFIELD AVE.	3.3 STREET ADDRESS	6105 N NORVELL BRYANT HWY
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	AVPD	4.1 TITLE	☐ Change ☐ Addition AVPD
NAME	SEIJAS, DAVID	4.2 NAME	RICHARDSON, GREG
STREET ADDRESS	4775 N. LECANTO HWY.	4.3 STREET ADDRESS	1075 W GULF TO LAKE HWY
CITY-ST-ZIP	BEVERLY HILLS FL 34464	4.4 CITY-ST-ZIP	LECANTO FL 34461
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition SD
NAME	DELORES, CLARK	5.2 NAME	BROWN, DELORIS
STREET ADDRESS	2440 N ESSEX AVENUE	5.3 STREET ADDRESS	724 NE HWY 19
CITY-ST-ZIP	HERNANDO FL 34442	5.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition TD
NAME	HALL, GASTON F.	6.2 NAME	HALL, GASTON F
STREET ADDRESS	4775 N. LECANTO HWY. #C	6.3 STREET ADDRESS	4775 N LECANTO HWY
CITY-ST-ZIP	BEVERLY HILLS FL 34465	6.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465

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)(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.

SIGNATURE: [signature] — 2-27-95 — (904) 746-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES N. SANDERS, PRESIDENT

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