


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746849
 1. Corporation Name
CITRUS COUNTY BUILDERS ASSOCIATION, INC.

Principal Place of Business 1196 S Lecanto Hwy Lecanto, FL 34461	Mailing Address 1196 S Lecanto Hwy Lecanto, FL 34461
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified 04/23/1979	3a. Date of Last Report 04/22/96
4. FEI Number 59-1896946	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 **700002190747**
-05/27/97--01006--018
 84 City *****61.25** **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINGREE, STEVE	
STREET ADDRESS	155 SE HWY 19 SUITE C	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	CLARK, DELORES	
STREET ADDRESS	6105 W NORVELL BRYANT HWY	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SUDLOW, JAMES	
STREET ADDRESS	48 GREENTREE ST	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	AVPD	<input type="checkbox"/> DELETE
NAME	LOOS, JAMES	
STREET ADDRESS	4111 S ROXBURY TERRACE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIPPIN, JOANN	
STREET ADDRESS	850 HWY 41 S	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, GASTON F	
STREET ADDRESS	4775 N LECANTO HWY	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARK, DELORES	
1.3 STREET ADDRESS	6105 W NORVELL BRYANT HWY	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
2.1 TITLE	PED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUDLOW, JAMES	
2.3 STREET ADDRESS	48 GREENTREE ST	
2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICK, RAY	
3.3 STREET ADDRESS	115 N SEMINOLE AVE	
3.4 CITY-ST-ZIP	INVERNESS, FL 34450	
4.1 TITLE	AVPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAUDETTE, GERRY	
4.3 STREET ADDRESS	6380 S TEX POINT	
4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HADLEY, SUSAN	
5.3 STREET ADDRESS	1590 N MEADOWCREST BLVD	
5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
6.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OSBORNE, JOHN	
6.3 STREET ADDRESS	1655 W GULF to LAKE HWY	
6.4 CITY-ST-ZIP	LECANTO, FL 34461-8020	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: DeLores A. Clark, Pres 5/5/97 (352)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 746-9028

CR2E037 (9/96)