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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:55

DOCUMENT # N13884 (4)

1. Corporation Name
CARPENTERS LOCAL 1278 HOLDING CORP., INC.

Principal Place of Business	Mailing Address
% CHARLES NIPPER 1910 N.W. 53RD AVE. GAINESVILLE FL 32606	% CHARLES NIPPER 1910 N.W. 53RD AVE. GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1986
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2706749 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NIPPER, CHARLES
1910 N.W. 53RD AVE.
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, WM H, JR.	1.2 NAME	
STREET ADDRESS	3511 SE 18 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MERRIMAN, MARK	2.2 NAME	
STREET ADDRESS	2925 SW 28 PL, #274	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	NIPPER, CHARLES	3.2 NAME	
STREET ADDRESS	P. O. BOX 43, NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	PRESS, LAWRENCE	4.2 NAME	D Patterson, Donald
STREET ADDRESS	RT 3 BX 1280	4.3 STREET ADDRESS	PO Box 593 PA
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	Orange Lake, Fl. 32681
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FLOYD	5.2 NAME	
STREET ADDRESS	P.O. BOX 12173, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	KITTLES, A. LEON	6.2 NAME	D Fulwood, Maxine
STREET ADDRESS	RT. 2, BOX 337-E	6.3 STREET ADDRESS	PO Box 695 PA
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	Palatka, Fl. 32178

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: Charles Nipper Charles Nipper 1-17-95 904-376-3721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050182