

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000001077 (5)
1. Corporation Name
NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.



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| Principal Place of Business 507 S. MARION ST. SUITE 5 LAKE CITY FL 32025 | Mailing Address 507 S. MARION ST. SUITE 5 LAKE CITY FL 32025-5253 |
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| 3. Date Incorporated or Qualified 03/06/1995 | 3a. Date of Last Report 06/26/1996 |
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|---|--|
| 2. Principal Place of Business 21 2119 Sisters Welcome Rd. Suite, Apt. #, etc. | 2a. Mailing Address 26 P. O. Box 2407 Suite, Apt. #, etc. |
| 22 City & State 23 Lake City, FL | 27 City & State 28 Lake City, FL |
| 24 Zip 32025 Country Columbia | 29 Zip 32025 Country Columbia |

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|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MATTHEWS, THOMAS
507 S. MARION ST.
SUITE 5
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent
81 Name **Crawford, Stanley**
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 10, Box 970
83
84 City **Lake City** **FL** 85 Zip Code **32025**

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 **Stanley Crawford** *Stanley Crawford* DATE **4/29/97**

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MATTHEWS, TOMMY 507 S. MARION STREET, SUITE 5 LAKE CITY FL 32025 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRAWFORD, STANLEY ROUTE 3 BOX 190-B LAKE BUTLER FL 32054 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALDRON, TOM P.O. BOX 2521 N/A LAKE CITY FL 32058 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILLER, TED P.O. BOX 2755 N/A LAKE CITY FL 32058 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCGEE, TOM 3 SAINT JAMES AVE. LAKE CITY FL 32025 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Crawford, Stanley Rt. 10, Box 970 Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VD Zecker, Brian P. O. Box 815 Quails Court Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | D Matthews, Thomas 507 S. Marion St., Suite 5 Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | S Burns, Robb P. O. Drawer 1058, 150 W. Madison Street Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | D Cannon, Clarence 127 W. Hillsboro Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 if changed, or on an attachment with an address.

CR2E037 (9/96)