

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Oct 06 1998 8:00am
 Secretary of State

0000066

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.



Principal Place of Business 2118 SISTERS WELCOME RD SUITE 5 LAKE CITY FL 32025 US		Mailing Address PO BOX 2407 SUITE 5 LAKE CITY FL 32025 32056 US		3. Date Incorporated or Qualified 03/06/1995	
2. Principal Place of Business 21 4359 US Hwy 90 West Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2407 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 LAKE City, FL		28 LAKE City, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32055		25 Columbia		29 32056	
29		30 Columbia		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CRAWFORD, STANLEY RT 10 BOX 970 SUITE 5 LAKE CITY FL 32025		81 Name CHARLES PEELER	
		82 Street Address (P.O. Box Number is Not Acceptable) 4359 US HWY 90 West	
		83	
		84 City LAKE City, FL	
		85 Zip Code 32055	

11. Pursuant to the provisions of sections 617.0502 and 617.1503, 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: *[Signature]* DATE: 9-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE TRBAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRAWFORD, STANLEY		1.2 NAME Tom McGee	
STREET ADDRESS RT 10 BOX 970		1.3 STREET ADDRESS 3 Saint James Av	
CITY-ST-ZIP LAKE CITY FL		1.4 CITY-ST-ZIP LAKE City, FL 32025	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZECKER, BRIAN		2.2 NAME	
STREET ADDRESS PO BOX 815 QUAILS COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE CITY FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTHEWS, THOMAS		3.2 NAME 600002657276	
STREET ADDRESS 507 S MARION ST STE 5		3.3 STREET ADDRESS -10/07/98--01020--010	
CITY-ST-ZIP LAKE CITY FL		3.4 CITY-ST-ZIP ***61.25	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNS, ROBB		4.2 NAME	
STREET ADDRESS PO DRAWER 1058 150 W MADISON ST		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE CITY FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANNON, CLARENCE		5.2 NAME	
STREET ADDRESS 127 W HILLSBORO		5.3 STREET ADDRESS	
CITY-ST-ZIP LAKE CITY FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: 9-21-98 DAYTIME PHONE #: 904-752-9576

CR2E037 (5/98)