FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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	Mailing Address
ROUTE 3 BOX 190-B LAKE BUTLER FL 32054	ROUTE 3 BOX 190-B LAKE BUTLER FL 32054

3. Date Incorporated or Qualified: 03/06/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 507 S. Marion St.	26 507 S. Marion St.
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Lake City, FL	City & State 28 Lake City, FL
Zip / Country 24 32025 / 25 Columbia	Zip / Country 29 32025 / 30 Columbia

4. FEI Number — ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAWFORD, STANLEY
ROUTE 3 BOX 190-B
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

81 Name: Thomas Matthews
82 Street Address (P.O. Box Number is Not Acceptable): 507 S. Marion St.
83: Suite 5
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: [signature] , Pres. May 24, 1996
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, TOMMY		1.2 NAME	
STREET ADDRESS	507 S. MARION STREET, SUITE 5		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, STANLEY		2.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 190-B		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALDRON, TOM		3.2 NAME	
STREET ADDRESS	P.O. BOX 2521 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, TED		4.2 NAME	
STREET ADDRESS	P.O. BOX 2755 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGEE, TOM		5.2 NAME	200001876552
STREET ADDRESS	3 SAINT JAMES AVE.		5.3 STREET ADDRESS	-06/26/96--01083--029
CITY-ST-ZIP	LAKE CITY FL 32025		5.4 CITY-ST-ZIP	***61.25
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

pm 6/24/96

CR2E037 (12/95)

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)(k), 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] May 24, 1996 (904) 755-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #