

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).

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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.

City & State

23 LAKE City, FL

City & State

28 LAKE City, FL

Zip

24 32055

Country

25 Columbia

Zip

29 32056

Country

30 Columbia

9. Name and Address of Current Registered Agent

CRAWFORD, STANLEY  
RT 10 BOX 970  
SUITE 5  
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-21-98

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	CRAWFORD, STANLEY	
STREET ADDRESS	RT 10 BOX 970	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZECKER, BRIAN	
STREET ADDRESS	PO BOX 815 QUAILS COURT	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, THOMAS	
STREET ADDRESS	507 S MARION ST STE 5	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURNS, ROBB	
STREET ADDRESS	PO DRAWER 1058 150 W MADISON ST	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, CLARENCE	
STREET ADDRESS	127 W HILLSBORO	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRBAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM MCGEE	
1.3 STREET ADDRESS	3 SAINT JAMES AV	
1.4 CITY-STATE-ZIP	LAKE CITY, FL 32025	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	600002657276	
3.3 STREET ADDRESS	-10/07/98--01020--010	
3.4 CITY-STATE-ZIP	***61.25	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-21-98 904.752.9576

FILED  
Oct 06 1998 8:00am  
Secretary of State



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CR2E037 (5/98)