

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001077 1. Corporation Name NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.			
Principal Place of Business 4350 U.S. HIGHWAY 90 WEST LAKE CITY FL 32055 US		Mailing Address PO BOX 2407 LAKE CITY FL 32055 US	
2. Principal Place of Business 4020 US Hwy 90 West Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 2407 Suite, Apt. #, etc.	
23 City Lake City FL		27 City & State Lake City FL	
24 Zip 32055		28 Zip 32056	
25 County Columbia		29 County Columbia	
3. Name and Address of Current Registered Agent PEELER, CHARLES 4350 U.S. HIGHWAY 90 WEST LAKE CITY FL 32055			
4. Name and Address of New Registered Agent DONALD DIX, PRES. 4020 US Hwy 90 West P.O. Box 2407 Lake City FL 32055			
5. Date Incorporated or Qualified 03/06/1995			
6. Election Campaign Financing Trust Fund Contribution			
7. Certificate of Status Desired			
8. Election Campaign Financing Trust Fund Contribution			
9. Signature Signature, typed or printed name of registered agent and title if applicable			
10. Signature Signature, typed or printed name of registered agent and title if applicable			
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 617.003, Florida Statutes.			
12. OFFICERS AND DIRECTORS			
13. BOARD MEMBERS			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.003, Florida Statutes, and 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, with all other like empowered.			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SIGNATURE:

TOMMIE GEE

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