

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 # 725569 (8)

1. Corporation Name

**BUILDING INDUSTRY ASSOCIATION OF PASCO COUNTY, I
NC.**



Principal Place of Business

Mailing Address

**2404 LAND O' LAKES BOULEVARD
LAND O' LAKES FL 34639
US**

**2404 LAND O' LAKES BOULEVARD
LAND O' LAKES FL 34639
US**

3. Date Incorporated or Qualified
02/16/1973

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 20246 St, Rd, 54

26 20246 St, Rd, 54

4. FEI Number
59-1354549

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 Lutz, FL

28 Lutz, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33549

25 Pasco

29 33549

30 Pasco

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELTON, ROBERT
2404 LAND O' LAKES BLVD.
LAND O' LAKES FL 34639**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
20246 St. Rd. 54

83 **Lutz**

84 City **Lutz**

FL

85 Zip Code
33549

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

Robert Shelton

Ex. Director

1/23/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE
NAME **SHELTON, BOB**
STREET ADDRESS **2404 LAND O' LAKES BLVD.**
CITY - ST - ZIP **LAND O' LAKES FL 34639**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **20246 St. Rd. 54**
1.4 CITY - ST - ZIP **Lutz, FL 33549**

TITLE **VP** ☒ DELETE
NAME **TORCHIA, MIKE**
STREET ADDRESS **1520 U.S. 41, STE. B**
CITY - ST - ZIP **LUTZ FL 33549**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **P**
2.3 STREET ADDRESS **Benton R. Murphey**
2.4 CITY - ST - ZIP **3004 Rhett Court
Tampa, FL 33618**

TITLE **T** ☒ DELETE
NAME **WELLS, MIKE**
STREET ADDRESS **1817 U.S. 19**
CITY - ST - ZIP **HOLIDAY FL 34691**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **Jean Lubinski**
3.4 CITY - ST - ZIP **13810 Cherry Creek Dr.
Tampa, FL 33618**

TITLE **S** ☒ DELETE
NAME **WASSON, STEVEN**
STREET ADDRESS **8406 MASSACHUSETTS AVE., #A-2**
CITY - ST - ZIP **NEW PORT RICHEY FL 34653**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S**
4.3 STREET ADDRESS **Jan Palmer**
4.4 CITY - ST - ZIP **17935 U.S. 19
Hudson, FL 34667**

TITLE **D** ☒ DELETE
NAME **BEGGS, GENE**
STREET ADDRESS **2166 PALMETTO ST.**
CITY - ST - ZIP **CLEARWATER FL 34625**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **VP**
5.3 STREET ADDRESS **Larry Brown**
5.4 CITY - ST - ZIP **5802 N. Occident St.
Tampa, FL 33614**

TITLE **P** ☒ DELETE
NAME **KHOYI, DARA**
STREET ADDRESS **7702 MASSACHUSETTS AVE**
CITY - ST - ZIP **NEW PORT RICHEY FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Dara Khoyi**
6.4 CITY - ST - ZIP **7720 Massachusetts Ave.
New Port Richey, FL 34653**

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:

Robert Shelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95

Date

(813) 948-6688

Daytime Phone #

CR2E037 (12/95)