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Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90037 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 725569 1. Corporation Name BUILDING INDUSTRY ASSOCIATION OF PASCO COUNTY, I NC.		
Principal Place of Business 9851 ST RD 54 NEW PORT RICHEY FL 34655 US	Mailing Address 9851 ST RD 54 NEW PORT RICHEY FL 34655 US	



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	25	02/16/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1354549
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29
24	26	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
SHELTON, ROBERT 9851 ST RD 54 NEW PORT RICHEY FL 34655		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, DAVID	1.2 NAME	Steve Hedrick
STREET ADDRESS	8620 CYPRESS LAKE BLVD	1.3 STREET ADDRESS	9950 PRINCESS PALM AVE #112
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	TAMPA FL 33619
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBINSKI, JEAN	2.2 NAME	JACK FESS
STREET ADDRESS	13810 CHERRY CREEK DR	2.3 STREET ADDRESS	P.O. BOX 7078
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Wesley Chapel FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNISON, MARLYN	3.2 NAME	LINDY SEBELICO
STREET ADDRESS	10339 KEY LANTERN DR	3.3 STREET ADDRESS	5304 MAIN STREET
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	N.P.R. FL 34652
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FESS, JACK	4.2 NAME	DOUG NAUMANN
STREET ADDRESS	P.O. BOX 7078	4.3 STREET ADDRESS	P.O. BOX 476 725
CITY-ST-ZIP	WESLEY CHAPEL FL	4.4 CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Carolyn Hawes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOWALSYN, JIM	5.2 NAME	CAROLYN HAWES
STREET ADDRESS	11913 ST. RD. 54	5.3 STREET ADDRESS	6424 EMBASSY BLVD
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Marilyn Dennison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	MARILYN DENNISON
STREET ADDRESS		6.3 STREET ADDRESS	10339 KEY LANTERN DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	N.P.R. FL 34654

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, with all other like empowered.

SIGNATURE: Marilyn Dennison SIGNATURE REMOVED Dennison 1/6/99 727 375 8922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

CR2E037 (11/98)