FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727667 (8)

1. Corporation Name
GAINESVILLE BUILDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2217 NW 66TH COURT GAINESVILLE FL 32606	2217 NW 66TH COURT GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1973
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1444544 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32653 Country 25	Zip 29: 32653 Country 30

9. Name and Address of Current Registered Agent

HILL, GINA M.
2217 NW 66TH COURT
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code 32653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	~~SEC~~ P	11 TITLE	P	☒ Change ☐ Addition
NAME	DIAZ, LUIS	12 NAME		
STREET ADDRESS	561 N.E. 7TH AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		
TITLE	~~PD~~	21 TITLE	T/D	☒ Change ☐ Addition
NAME	~~SPAIN, TOM~~	22 NAME	Robinson, Scott	
STREET ADDRESS	~~2221 A & NW 41ST ST~~	23 STREET ADDRESS	5200 NW 34 St	
CITY-ST-ZIP	~~GAINESVILLE FL~~	24 CITY-ST-ZIP	Gainesville FL 32605	
TITLE	~~SEC~~ VP	31 TITLE	VP	☒ Change ☐ Addition
NAME	MENDEL, ED	32 NAME		
STREET ADDRESS	2508 NW 27 PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	~~VD~~	41 TITLE	S/D	☒ Change ☐ Addition
NAME	~~HART, FRED~~	42 NAME	Willis, Lori	
STREET ADDRESS	~~3000 N.W. 83RD ST., #H-106~~	43 STREET ADDRESS	3207 SW 35 Blvd	
CITY-ST-ZIP	~~GAINESVILLE FL~~	44 CITY-ST-ZIP	Gainesville FL 32608	
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	HILL, GINA M.	52 NAME		
STREET ADDRESS	RT 3 BOX 180	53 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL	54 CITY-ST-ZIP		
TITLE	~~SEC~~ VP	61 TITLE	VP	☒ Change ☐ Addition
NAME	BARNES, GEORGE	62 NAME		
STREET ADDRESS	2811 NW 41 STREET	63 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP		

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: Gina M Hill VD Gina M Hill 4/28/95 904/3725688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030173