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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 735000 (2)

1. Corporation Name

HIGHLANDS COUNTY BUILDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1427 US 27 NORTH SEBRING FL 33870 US	1427 US 27 NORTH SEBRING FL 33870 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1926529 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FETTINGER, JOYCE
1427 US 27 NORTH
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: MARY McCLELLAND
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

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: Mary McClelland, Executive Officer Mary McClelland — 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	PD	1.1 TITLE	AD	☒ Change ☐ Addition
NAME	DONAHAY, MARIANNE	1.2 NAME	A.L. Williams	
STREET ADDRESS	215 US 27 NORTH	1.3 STREET ADDRESS	3504 Office Park Road	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Sebring, FL. 33870	
TITLE	STD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RICHARDSON, JAMES D.	2.2 NAME		
STREET ADDRESS	4141 US 27 NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	WILLIAMS, A.L.	3.2 NAME	Judy Lee Johnson	
STREET ADDRESS	3504 OFFICE PARK ROAD	3.3 STREET ADDRESS	1901 US 27 South	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	EO	4.1 TITLE	EO	☐ Change ☐ Addition
NAME	FETTINGER, JOYCE	4.2 NAME	Mary McClelland	
STREET ADDRESS	1427 US 27 NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	KURPIEWSKI, JOE	5.2 NAME		
STREET ADDRESS	251 COMMERCIAL COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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)(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: Mary McClelland Mary McClelland — Title — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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