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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13884 (4)

1. Corporation Name

CARPENTERS LOCAL 1278 HOLDING CORP., INC.



Principal Place of Business

Mailing Address

% CHARLES NIPPER
1910 N.W. 53RD AVE.
GAINESVILLE FL 32606

% CHARLES NIPPER
1910 N.W. 53RD AVE.
GAINESVILLE FL 32606

3. Date Incorporated or Qualified
02/20/1986

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIPPER, CHARLES
1910 N.W. 53RD AVE.
GAINESVILLE FL 32606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Charles Nipper

2-5-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD JONES, WM H, JR.**

1.2 NAME

STREET ADDRESS **3511 SE 18 AVE**

1.3 STREET ADDRESS

CITY-ST-ZIP **GAINESVILLE FL**

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VD MERRIMAN, MARK**

2.2 NAME

STREET ADDRESS **2925 SW 28 PL, #274**

2.3 STREET ADDRESS

CITY-ST-ZIP **GAINESVILLE FL**

2.4 CITY-ST-ZIP

**VD Klein, Harry
PO Box 1804
Interlachen, FL 32148**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **STD NIPPER, CHARLES**

3.2 NAME

STREET ADDRESS **P. O. BOX 43, NA**

3.3 STREET ADDRESS

CITY-ST-ZIP **NEWBERRY FL**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **D PATTERSON, DONALD**

4.2 NAME

STREET ADDRESS **P.O. BOX 283 N/A**

4.3 STREET ADDRESS

CITY-ST-ZIP **ORANGE LAKE FL**

4.4 CITY-ST-ZIP

**PO Box 592
Mickopy, FL 32681**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D DAVIS, FLOYD**

5.2 NAME

STREET ADDRESS **P.O. BOX 12173, NA**

5.3 STREET ADDRESS

CITY-ST-ZIP **GAINESVILLE FL**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D FULWOOD, MARVIN**

6.2 NAME

STREET ADDRESS **P.O. BOX 695 N/A**

6.3 STREET ADDRESS

CITY-ST-ZIP **PALATHA FL**

6.4 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:

W. H. Jones Jr. **W. H. Jones Jr.**

5-2-96

904-326-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)