FILE NOW! FILING FEE AFTER MAY 1 IS $100.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40417 (0)

1. Corporation Name
GULF COAST BUILDERS EXCHANGE EDUCATIONAL FOUNDATION, INC.

Principal Place of Business
C/O 7535 PONCE DE LEON STREET
SARASOTA FL 34243

Mailing Address
C/O 7535 PONCE DE LEON STREET
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1990
3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0237458 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26): P.O. Box 31168
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): Sarasota FL
Zip (24) / Country (25)
Zip (29): 34230 / Country (30): Sarasota

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

9. Name and Address of Current Registered Agent
SOYARS, GLENDA F.
7535 PONCE DE LEON STREET
SARASOTA FL 34243

10. Name and Address of New Registered Agent
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 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 _____
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	T	1.1 TITLE	Chairman ☒ Change ☐ Addition
NAME	MATCHAM, DOUG	1.2 NAME	John Brannen
STREET ADDRESS	4050 WILSHIRE CIRCLE E	1.3 STREET ADDRESS	6000 Deacon Place
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	C	2.1 TITLE	Vice-Chairman ☒ Change ☐ Addition
NAME	SEIBERT, TIM	2.2 NAME	Doug Matcham
STREET ADDRESS	81 COCOANUT AVE	2.3 STREET ADDRESS	4050 Wilshire Circle E.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	S	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	STOTTLEMYER, CHARLIE	3.2 NAME	Charlie Stottlemyer
STREET ADDRESS	1290 PALM AVE	3.3 STREET ADDRESS	1290 Palm Avenue
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	VC	4.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	BRANNEN, JOHN	4.2 NAME	Wendel Kent
STREET ADDRESS	6000 DEACON PLACE	4.3 STREET ADDRESS	3801 N. Orange Ave.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34280
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Conyers, Al
STREET ADDRESS		5.3 STREET ADDRESS	777 S. Palm Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL 34230
TITLE		6.1 TITLE	Director ☐ Change ☒ Addition
NAME		6.2 NAME	Foxworthy, Ron
STREET ADDRESS		6.3 STREET ADDRESS	7200 Chameleon Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL 34241

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: _____ Albert L. Conyers — 1/27/95 — (813) 355-8497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003022