

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001077 1. Corporation Name NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.			
Principal Place of Business 4020 U.S. Hwy 90 West LAKE CITY FL 32055 US		Mailing Address PO BOX 2407 LAKE CITY FL 32055 US	
2. Principal Place of Business 4020 U.S. Hwy 90 West Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 2407 Suite, Apt. #, etc.	
23. City LAKE CITY FL		23. City LAKE CITY FL	
24. State 32055		24. State 32055	
25. Country Columbia		25. Country Columbia	
3. Name and Address of Current Registered Agent PEELER, CHARLES 4350 U.S. HIGHWAY 90 WEST LAKE CITY FL 32055			
4. Name and Address of New Registered Agent DONALD DIX, PRES. 4020 U.S. Hwy 90 West P.O. Box 2407 LAKE CITY FL 32055			
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 617.003, Florida Statutes. SIGNATURE: Charles Peeler DATE: 9.15.99			
12. OFFICERS AND DIRECTORS			
TITLE PD NAME CRAWFORD, STANLEY STREET ADDRESS RT 10 BOX 970 CITY-ST-ZIP LAKE CITY FL		13. BOARD MEMBERS AND DIRECTORS IN 12	
TITLE VD NAME ZECKER, BRIAN STREET ADDRESS PO BOX 815 OUALS COURT CITY-ST-ZIP LAKE CITY FL		1.1 TITLE CHARLES PEELER 1.2 NAME PO BOX 2322 1.3 STREET ADDRESS LAKE CITY FL 32056-2322 1.4 CITY-ST-ZIP	
TITLE T NAME MCGEE, TOM STREET ADDRESS 3 SAINT JAMES AVENUE CITY-ST-ZIP LAKE CITY FL 32025		2.1 TITLE Board Member 2.2 NAME Ted Miller 2.3 STREET ADDRESS 3600 South 1st St. 2.4 CITY-ST-ZIP LAKE CITY FL 32025	
TITLE S NAME BURNS, ROBB STREET ADDRESS P.O. DRAWER 1058, 150 WEST MADISON STREET CITY-ST-ZIP LAKE CITY FL		3.1 TITLE Board Member 3.2 NAME Fredrick Perry 3.3 STREET ADDRESS Rt 4 Box 286 3.4 CITY-ST-ZIP LAKE CITY FL 32024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		4.1 TITLE Board Member 4.2 NAME TOM WALDRON 4.3 STREET ADDRESS 404 W. Railroad St. 4.4 CITY-ST-ZIP LAKE CITY FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		5.1 TITLE Board Member 5.2 NAME MATTHEW ERKINGER 5.3 STREET ADDRESS Rt 17 Box 1140 5.4 CITY-ST-ZIP LAKE CITY FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		6.1 TITLE Board Member 6.2 NAME Phil Bishop 6.3 STREET ADDRESS PO Box 3717 6.4 CITY-ST-ZIP LAKE CITY FL 32022	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.003, Florida Statutes, and 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: **Tom McGee** DATE: **08-19-99** **252-3322**

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