

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **272405** (2)

1. Corporation Name

**FLORIDA HOME BUILDERS OF TALLAHASSEE, INC.**



Principal Place of Business

Mailing Address

545 MACLAY LANE  
P O BOX 12457, ZIP 32317  
TALLAHASSEE FL 32312  
US

545 MACLAY RD  
545 MACLAY LANE  
TALLAHASSEE FL 32312  
US

3. Date Incorporated or Qualified  
**08/01/1963**

3a. Date of Last Report  
**01/30/1995**

21. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1009070**

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLUESENKAMP, GORDON J., JR.**  
**545 MACLAY LANE**  
**TALLAHASSEE FL 32312**

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, type or print name of registered agent, as the case may apply.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **VD**  
**GLUESENKAMP, JOSEPHINE**  
STREET ADDRESS **545 MACLAY LANE**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **PD**  
**GLUESENKAMP, G J, JR**  
STREET ADDRESS **545 MACLAY LANE**  
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **STD**  
**ANDREWS, NORMA V**  
STREET ADDRESS **548 MACLAY RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **VD**  
**GLUESENKAMP, KAY**  
STREET ADDRESS **3717 RAVINE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 indicates 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/96

(904) 843-7081

CR2E034 (12/95)