

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 272405 (2)
 CORPORATION NAME
FLORIDA HOME BUILDERS OF TALLAHASSEE, INC.



Principal Place of Business: **545 MACLAY LANE P O BOX 12457. ZIP 32317 TALLAHASSEE FL 32312 US**
 Mailing Address: **545 MACLAY RD 545 MACLAY LANE TALLAHASSEE FL 32312-3912 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/01/1963	3a. Date of Last Report 03/11/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1009070	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLUESENKAMP, GORDON J., JR. 545 MACLAY LANE TALLAHASSEE FL 32312	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, Sect on 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUESENKAMP, JOSEPHINE	1.2 NAME	
STREET ADDRESS	545 MACLAY LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUESENKAMP, G J, JR	2.2 NAME	
STREET ADDRESS	545 MACLAY LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	2.4 CITY-STATE-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, NORMA V	3.2 NAME	
STREET ADDRESS	548 MACLAY RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	3.4 CITY-STATE-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUESENKAMP, KAY	4.2 NAME	
STREET ADDRESS	3717 RAVINE DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information provided in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this filing 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; and that I am the driver 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: _____ **2/28/97** **(904) 893-7081**

CR2E034 (9/96)