

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

0054320

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90021 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 272405**

1. Corporation Name  
**FLORIDA HOME BUILDERS OF TALLAHASSEE, INC.**



DO NOT WRITE IN THIS SPACE

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 US
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3. Date Incorporated or Qualified <b>08/01/1963</b>	
4. FEI Number <b>59-1009070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	GLUESENKAMP, JOSEPHINE	
STREET ADDRESS	545 MACLAY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GLUESENKAMP, G J, JR	
STREET ADDRESS	545 MACLAY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Gordon J. Gluesenkamp III	
STREET ADDRESS	545 MacLay Lane	
CITY-ST-ZIP	Tallahassee Fl	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Benjamin D. Gluesenkamp	
STREET ADDRESS	2050 Cantrell Lane	
CITY-ST-ZIP	Watkinsville, Ga 30677	
TITLE	Asst. Sec.	<input type="checkbox"/> DELETE
NAME	J. Kay Gluesenkamp	
STREET ADDRESS	3777 Ravine	
CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **01/07/1999** Daytime Phone #: **(850) 893-7081**

CR2E034 (1/198)