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FILED

May 14 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 # 813784 (6)

1. Corporation Name
GUERDON HOMES, INC.

Principal Place of Business

5285 SW MEADOWS, #131
LAKE OSWEGO OR 97035

Mailing Address

5285 SW MEADOWS, #131
LAKE OSWEGO OR 97035



3. Date Incorporated or Qualified 08/05/1959
3a. Date of Last Report 04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

4

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4

4. FEI Number

38-1613469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PREUSCH, AL	
STREET ADDRESS	5285 SW MEADOWS, #131	
CITY - ST - ZIP	LAKE OSWEGO OR	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	HUCKVALE, ROBERT	
STREET ADDRESS	5285 SW MEADOWS, #131	
CITY - ST - ZIP	LAKE OSWEGO OR	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUCKVALE, J FREDRICK	
STREET ADDRESS	19527 CELTIC ST	
CITY - ST - ZIP	NORTHRIDGE CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASE, GREG	
STREET ADDRESS	100 MATSON FORD RD BLDG 5 SUITE 470	
CITY - ST - ZIP	RANDOR PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L.A. Dawson	
1.3 STREET ADDRESS	2221 E. Lamar, #790	
1.4 CITY - ST - ZIP	Arlinton, Tx. 76006	
2.1 TITLE	SECRETARY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Craig Renolds	
2.3 STREET ADDRESS	2450 South Shore Blvd.	
2.4 CITY - ST - ZIP	League City, Tx. 77573	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles Wynn	
3.3 STREET ADDRESS	5285 S.W. Meadows, #131	
3.4 CITY - ST - ZIP	Lake Oswego, Or. 97035	
4.1 TITLE	VP, ASST. SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jackie Holland	
4.3 STREET ADDRESS	2221 E. Lamar, #790	
4.4 CITY - ST - ZIP	Arlinton, Tx. 76006	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Finis Teeter	
5.3 STREET ADDRESS	2450 South Shore Blvd.	
5.4 CITY - ST - ZIP	League City, Tx 77573	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James J. Fallon	
6.3 STREET ADDRESS	2221 E. Lamar, #790	
6.4 CITY - ST - ZIP	Arlinton, Tx. 76006	

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED

2-10-97

Date

Daytime Phone #

0628303

CR2E034 (9/96)