

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 3:31

DOCUMENT # 827712

(1)

1. Corporation Name

REDMAN HOMES, INC.

Principal Place of Business

2550 WALNUT HILL LANE  
DALLAS TX 75229-2633

Mailing Address

2550 WALNUT HILL LANE  
DALLAS TX 75229-2633

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1972

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

75-1364957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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 in printed name of registered agent and date of appointment

Signature, typed in printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | V                     |
| NAME            | BRUGGE, RICHARD A.    |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |
| TITLE           | DV                    |
| NAME            | STURGESS, THOMAS W.   |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |
| TITLE           | VP                    |
| NAME            | GUTTSCHALK, GEORGE E. |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |
| TITLE           | DP                    |
| NAME            | CALLIER, JAMES T.     |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |
| TITLE           | VD                    |
| NAME            | WALKER, FERGUS J.     |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |
| TITLE           | T                     |
| NAME            | KIRKPATRICK, J MARK   |
| STREET ADDRESS  | 2550 WALNUT HILL LANE |
| CITY - ST - ZIP | DALLAS TX             |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report, or on an attached sheet with an address.

SIGNATURE:

*J. Mark Kirkpatrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR  
J. MARK KIRKPATRICK

TREASURER

3/20/95 214 353-3600  
Date Time