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Feb 25 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 # 827712 (1)

1. Corporation Name
REDMAN HOMES, INC.

Principal Place of Business
2550 WALNUT HILL LANE
DALLAS TX 75220-9603

Mailing Address
2550 WALNUT HILL LANE
DALLAS TX 75220-9604



2. Principal Place of Business
21 2701 UNIVERSITY DR.
Suite, Apt. #, etc.
22 SUITE 320
City & State
23 AUBURN HILLS, MICHIGAN
Zip
24 48326
Country

2a. Mailing Address
26 2701 UNIVERSITY DR.
Suite, Apt. #, etc.
27 SUITE 320
City & State
28 AUBURN HILLS, MICHIGAN
Zip
29 48326
Country

3. Date Incorporated or Qualified
03/29/1972
3a. Date of Last Report
02/20/1996
4. FEI Number
75-1364957
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 of person in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUGGE, RICHARD A.	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STURGESS, THOMAS W.	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GUTTSCHALK, GEORGE E.	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CALLIER, JAMES T.	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, FERGUS J.	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, J MARK	
STREET ADDRESS	2550 WALNUT HILL LANE	
CITY - ST - ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A. JACQUELINE DOUT	
1.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320	
1.4 CITY - ST - ZIP	AUBURN HILLS, MI 48326	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL L. BARRETT	
2.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320	
2.4 CITY - ST - ZIP	AUBURN HILLS, MI 48326	
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	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOUIS M BALUS	
5.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320	
5.4 CITY - ST - ZIP	AUBURN HILLS, MICHIGAN 48326	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2701 UNIVERSITY DR. SUITE 320	
6.4 CITY - ST - ZIP	AUBURN HILLS, MICHIGAN 48326	

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: *J. Mark Kirkpatrick*
NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

810-340-9090
Daytime Phone #

CR2E034 (9/96)