

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
TALLAHASSEE
DEPARTMENT OF STATE
CORPORATION DIVISION

APPROVED
FILED

DOCUMENT # **L47242** (7)

DESIGNER HOMES, INC.

MAY 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office of Reporting		Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
131 S. COMMERCE AVE SUITE B SEBRING FL 33870-3602		131 S. COMMERCE AVE SUITE B SEBRING FL 33870-3602		01/29/1990	05/01/1994
2. Principal Office of Reporting	2a. Mailing Address	4. FFL Number	Applied For		
21. 2511 Lakewood	26. 2511 Lakewood	59-2992167	Not Applicable		
22. State: April 1995	27. State: April 1995	5. Certificate of Status Issued	\$8.75 Additional Fee Required		
23. City & State	27. City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fee		
24. Country	29. Country	6. Election Campaign Financing			
25. USA	30. USA	Under Least Contribution <input type="checkbox"/>			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING FL		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City			
		FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.054(2) and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It is the policy of the State of Florida that a change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.054(2) Florida Statutes.

SIGNATURE: *James F. McCollum*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PST LIBBY, STEPHEN E., II 131 S COMMERCE AVE STE B SEBRING FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	V ALBERT, SHERRYL RT 1, BOX 181D LINCOLN CENTER ME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.054(2) Florida Statutes. Further, that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall be the same as the signature I make under oath that I make on the declaration of the corporation or this information or further required to come into the report as required by Chapter 607, Florida Statutes, and that my name appears on the block of the report or on an attachment with an address.

SIGNATURE: *Stephen E Libby II*
MONITOR AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR
Stephen E Libby II Pres

4/28/95 813-385-5438

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CORPORATION ANNUAL REPORT 1995

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



APPROVED

DOCUMENT # **L47569** (3)
1. Corporation Name
GLENN FARMS, INC.

APR 17 1995
TALLAHASSEE, FLORIDA

Principal Place of Business: **%T JOEL GLENN, U.S. HWY 27 (P O BOX 217), FORT WHITE FL 32038**

Mailing Address: **%T JOEL GLENN, U.S. HWY 27 (P O BOX 217), FORT WHITE FL 32038**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Incorporation	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/29/1990	03/22/1994
22. State, Apt. #, etc.	27. State, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	59-3015458	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	30. Country	6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GLENN, T JOEL U.S. HWY 27 FT WHITE FL 32038		B1. Name		
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3.		
		B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GLENN, T JOEL P O BOX 217 U.S. HWY 27 FT WHITE FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE	P GLENN, DEWEY V RR 1 BOX 41 HWY 27 FT WHITE FL	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		18. CITY, ST, ZIP	
TITLE	S GLENN, JUDY BOX 217 HWY 27 FT WHITE FL	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY, ST, ZIP		22. CITY, ST, ZIP	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY, ST, ZIP		26. CITY, ST, ZIP	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.01(1)(b), Florida Statutes. I further certify that the information made available in 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 339, Florida Statutes, and that my name appears on Block 12 or Block 13 of Chapter 13 of this report with an address.

SIGNATURE: *Joel Glenn* 23 April '95 (404) 752-3500
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR