

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000048349 (3)**

1. Corporation Name

TALBOT HOME BUILDERS INC.



Principal Place of Business

**PO BOX 12123
TALLAHASSEE FL 32317-2123**

Mailing Address

**PO BOX 12123
TALLAHASSEE FL 32317-2123**

2. Principal Place of Business

21 **2609 B. CENTERVILLE RD.**
Suite, Apt. #, etc

22
City & State

23 **TALLAHASSEE FL.**

24 **32308**
Zip

25 **LEON**
Country

2a. Mailing Address

26 **P.O. Box 12123**
Suite, Apt. #, etc

27
City & State

28 **TALLAHASSEE FL.**

29 **32317**
Zip

30 **LEON**
Country

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

07/13/1995

4. FEI Number

59-3190926

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

**TALBOT, BOB
3116 BRIARWOOD DR
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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 607.0535, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when appointing or changing agent)

(Not to be signed by Registered Agent when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PVST
TALBOT, BOB
3116 BRIARWOOD DR
TALLAHASSEE FL 32312**

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

BOB TALBOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
DATE

545-7197
BUSINESS PHONE #

CR2E034 (12/95)