

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 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 # **P93000087397 (4)**

1. Corporation Name

GLENDAL HOMES, INC.

Principal Place of Business

**11302 PALM RIVERVIEW ROAD
RIVERVIEW FL 33660**

Mailing Address

**P.O. BOX 2134
RIVERVIEW FL 33568-2134
US**



2. Principal Place of Business

21 2203 Arbor Oaks Drive

Suite, Apt. #, etc

22

**City & State
Valrico, Florida**

24 33594

**Country
USA**

2a. Mailing Address

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**HOOVER, RUTH C
2203 ARBOR OAKS DR
VALRICO FL 33594**

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

02/20/1996

4. FEI Number

59-3215795

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

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 performing duties of registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPS** ☒ DELETE

NAME **HOOPER, J.B.**

STREET ADDRESS **2203 ARBOR OAKS DR**

CITY, ST, ZIP **VALRICO FL 33594**

TITLE **PD** ☐ DELETE

NAME **HOOVER, RUTH C**

STREET ADDRESS **2203 ARBOR OAKS DR**

CITY, ST, ZIP **VALRICO FL 33594**

TITLE **VPS** ☐ DELETE

NAME **John B. Hooper**

STREET ADDRESS **2203 Arbor Oaks Drive**

CITY, ST, ZIP **Valrico, Florida 33594**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Ruth C Hooper* **Ruth C Hooper**

3-25-97 813-671-7234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (9/96)