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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P93000087397 (4)

1. Corporation Name  
GLENDALE HOMES, INC.

AMENDED FILING

Principal Place of Business  
~~11902 BALM RIVERVIEW ROAD  
RIVERVIEW FL 33569~~

Mailing Address  
P.O. BOX 2134  
RIVERVIEW FL 33568-2134  
US

3. Date Incorporated or Qualified: 12/22/1993  
3a. Date of Last Report: 02/20/1996

|                                                                                     |                                                            |                                                           |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 11356 Balm-Riverview Rd<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 no change<br>Suite, Apt. #, etc. | 4. FEI Number<br>59-3215795                               | Applied For<br>Not Applicable                                                      |
| 22 City & State<br>23 Riverview, FL                                                 | 27 City & State                                            | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                                                     |
| 24 Zip<br>33569                                                                     | 25 Country<br>USA                                          | 28 Zip<br>Country                                         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |
| 29                                                                                  |                                                            | 30                                                        |                                                                                    |
| 6. Name and Address of Current Registered Agent                                     |                                                            | 10. Name and Address of New Registered Agent              |                                                                                    |

HOOPER, RUTH C  
11356 Balm-Riverview Rd  
Riverview, Florida 33569

|         |                                                       |    |               |             |
|---------|-------------------------------------------------------|----|---------------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City       | 85 Zip Code |
|         | 11356 Balm-Riverview Rd                               |    | Riverview, FL | 33569       |

11. Pursuant to the provisions of Sections 607.0562 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS                         |                                                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                    |
|----------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <del>VPS<br/>HOOPER, J B<br/>2200 ARBOR OAKS DR<br/>VALRICO FL 33504</del> | <input checked="" type="checkbox"/> DELETE            |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HOOPER, RUTH C<br>2200 ARBOR OAKS DR<br>VALRICO FL 33504             | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <del>D<br/>Helen C Elliott</del>                                           | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | PST<br>Ruth C Hooper<br>11356 Balm Riverview Rd. Riverview FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | VD<br>Helen C. Elliott<br>16411 Lake Byrd Lane Tampa, FL 33618     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |

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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. 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. A change of or an attachment with an address.