

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000103598

1. Corporation Name

HERITAGE HOMES REALTY OF TALLAHASSEE, INC.

Princ	ipai Piaci	9 OI BUS	iness
508-A	CAPITAL	CIRCLE	S.E.

TALLAHASSEE FL 32301

Mailing Address

508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90190 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/09/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For		
21		26		59-3485446	Not	Applicable		
Suite, Apt. i	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A		
22		27			5. Certificate of Status Desired	Fee Rec	quired	
- City & State	1	City & State			6. Election Campaign Financing	·\$5.00 N	vlay Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		_	
24	25	29 3	10		Personal Property Tax.		□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
THOMPSON, SUSAN S			81	81 Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
3520 THOMASVILLE ROAD								
4TH FLOOR			83	83				
TALL	AHASSEE FL 32308		84	City		85 Zip C	ode	
			04	City	F	=L   <b>°°</b>		
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named	corporation submits this statement for the purpose	of changing its r	registered	
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	i Florida. Such change was aut	norized by i	іпе согра	oration's board of directors. I hereby accept the ap	pointment as reg	Istered	
-	milanina war, and accept the obligation	3110 01, 0000011 00110000, 1 1011					Į.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR		
TITLE	D	☐ DELETE	1.1 TITLE		CEO, D	Change	☐ Addition	
NAME	TURNER, FREDERICK		1.2 NAME					
STREET ADDRESS	508-A CAPITAL CIRCLE S.E.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		P, D	Change	☐ Addition	
NAME	TURNER, DOUGLAS E		2.2 NAME		<b>4</b> 1 m	·	i	
STREET ADDRESS	CAR A CARITAL CIRCLE OF		2.3 STREET	ADDRESS			1	
CITY-ST-ZIP	TALLAHASSEE FL 32301	_	2. 4 CITY-S	r-ZIP				
TITLE	D	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	TURNER, TERESA	•	32 NAME				İ	
Politicit, Pericon		3.3 STREET	ADDRESS			j		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4. CITY-S					
TITLE	I MAN IN COLE I E CHOO!	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	- 1				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				j	
STREET ADDRESS			5.3 STREET	ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			ĺ	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				J	
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-ST					
ÇITY-ST-ZIP			3.7 3.7 7 9					

14. I 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 all other like empowered.

SIGNATURE:

850-656-4663