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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000060725

1. Corporation Name

GLENN DAVIS HOMES INC

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90079 006 \*\*\*150.00

		Mailing Address 812 NOTTINGHAM STR ORLANDO FL 32803	EIET			DO NOT WRITE IN THIS  3. Date incorporated or Qualified		
						07/06/1998		
2. Principal F	2a. Mailing Address	Mailing Address			4. FEI Number 59. 3521672		Applied For Not Applicable	
21 26 Suite, Apt. #; etc. Suite, Apt. #, etc.						3-1-3521010	\$8.7	5 Additional
22 27			-			- 5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zìp	Cou	ntry	,	8. This corporation owes the current year In		[]N-
24	25	29	30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
DAVIS, GLENN R 812 NOTTINGHAM STREET ORLANDO FL 32803			ļ	82 83		dress (P.O. Bo:: Number is Not Acceptable)		in Code
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	ate cf Florida. Such change wa	as authorized	∣ by	the corporat	poration submits this statement for the purpose of client's board of clirectors. I hereby accept the appropriate the purpose of the purpose o	f changing	its registered registered
SIGNATUF:E	,							
	Signature, typed or printed name of registered			Ager	nt signature requi	red when reinstating) DATE	10 DISE	7010 111 40
12.	<del> </del>	AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	D DIREC	
TITLE	DPT	☐ DELETE	1				☐ Chan	ge Addition
NAME	DAVIS, GLENN R		1.2 NA					
STREET ADDRESS	1 2				FADDRESS			
CITY-ST-ZIP		ORLANDO FL 32803		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chan	ge
TITLE	VSD DAVIS FLORA IENII			2.1 HILE 2.2 NAME			Onding	ge
NAME	DAVIS, FLORA JENI		1					
STREET ADDRESS					FADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803	☐ DELETE	2.4.CI		11-ZIP		Chan	ge Addition
NAME			3.2 NA					
STREET ADDRESS	,				ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CI		11-617		Chan	e Addition
NAME			4. 2 N					
STREET ADDRESS			1		ADDRESS			
	1		4.3 ST		l			
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE			1-215		☐ Chang	ge Addition
NAME		_ 000000	5.1 NA					
1	]		1		ADDRESS			
STREET ADDRESS	1		5.4 CiT		1			
CITY-ST-ZIP		☐ DELETE			-		☐ Chan	ge
		_ DECE IE	6.2 NA					, , , , , , , , , , , , , , , , , , , ,
NAME			V.2   V.					
			63 ST		ADDRESS			
STREET ADDRES 3			6.3 STI 6.4 CIT	REET	ADDRESS			

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 cartify that the information indicated on this annual report or supplemental a mual 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, with all other like empowered.

SIGNATURE: 0