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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761615** (4)

1. Corporation Name

GREENSCAPE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**3100 UNIVERSITY BLVD S
#322
JACKSONVILLE FL 32216
US**

**3100 UNIVERSITY BLVD S
#322
JACKSONVILLE FL 32216
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/27/1982

4. FEI Number

59-2283261

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CAVEN, SUSAN C
2775 WHITE OAK LANE
JACKSONVILLE FL 32207**

81 Name

JOHN T. CASSIDY

82 Street Address (P.O. Box Number is Not Acceptable)

4196 HERSCHEL STREET

83

84 City

JACKSONVILLE

FL

85 Zip Code
32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAVEN, SUSAN C	
STREET ADDRESS	2775 WHITE OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASSIDY, JOHN T	
STREET ADDRESS	5287 NEW KINGS RD. US 1	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, SALLY B	
STREET ADDRESS	1831 WOODMERE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, JOAN P	
STREET ADDRESS	100 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELMORE, KELLY	
STREET ADDRESS	9250 CYPRESS GREEN DR. #300	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, WILLIAM H	
STREET ADDRESS	3935 ORTEGA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN T. CASSIDY	
1.3 STREET ADDRESS	4196 HERSCHEL STREET	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

2.1 TITLE	FIRSTVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN S. PEYTON	
2.3 STREET ADDRESS	P.O. BOX 23627	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32241	

3.1 TITLE	SECONDVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA ALEXANDER	
3.3 STREET ADDRESS	5041 YACHT CLUB ROAD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

4.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY PIETAN	
4.3 STREET ADDRESS	1877 BEACH AVENUE	
4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	

5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM H. MORRIS	
5.3 STREET ADDRESS	3935 ORTEGA BLVD.	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

6.1 TITLE	AT-LARGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KELLY R. ELMORE	
6.3 STREET ADDRESS	9250 CYPRESS GREEN DR. #200	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

2/19/98

CR2E037 (10/97)