

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1995



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

**FILED**  
 95 JUL 28 AM 9:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000040028 (0)**

1. Corporation Name  
**GREEN OAK OF HILLSBOROUGH COUNTY, INC.**

Principal Place of Business      Mailing Address  
**13949 W HILLSBOROUGH AVE      13949 W HILLSBOROUGH AVE**  
**TAMPA FL 33635                      TAMPA FL 33635**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/27/1994**

4. FEI Number      Applied For  
**59-3244013**      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. 195.032, Florida Statutes      Yes  No

2. Principal Place of Business      2a. Mailing Address

21      2b

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**WEISS, FRANK**  
**2700 E BAY DR #107**  
**LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name      **Dennis Harrop**

82 Street Address (P.O. Box Number is Not Acceptable)  
**13949 W. Hillsborough Ave**

83

84 City      **Tampa**      FL      85 Zip Code  
**33635**

11. Pursuant to the provisions of Sections 607.0505 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: *Dennis Harrop*      6-13-95

12. OFFICERS AND DIRECTORS

TITLE      **PRESIDENT**

NAME      **DENNIS J HARROP**

STREET ADDRESS      **17939A SAILEISH DR APTA**

CITY, ST, ZIP      **LUTZ, FL 33549**

TITLE      **SECRETARY-TREAS**

NAME      **KATHLEEN HARROP**

STREET ADDRESS      **17939A SAILEISH DR**

CITY, ST, ZIP      **LUTZ, FL 33549**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE       Change       Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE       Change       Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE       Change       Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE       Change       Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE       Change       Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE       Change       Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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: *Dennis J Harrop*      6-30-95      (813) 855-7090

CR2E034 (3/95)