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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000021629 (6)

1. Corporation Name:
GREEN, LEE & ASSOCIATES, INC.



Principal Place of Business Mailing Address
4139 PIPER DR JACKSONVILLE FL 32207 **4139 PIPER DR JACKSONVILLE FL 32207-7165**

3. Date Incorporated or Qualified **03/06/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3364517	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip Country	29. Zip Country		

9. Name and Address of Current Registered Agent

GREEN, R K
4139 PIPER DR
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	Owner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	R. Keith Green	
STREET ADDRESS	1.3 STREET ADDRESS	4139 Piper Drive	
CITY, ST, ZIP	1.4 CITY-ST-ZIP	Jacksonville, FL. 32207	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	Owner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	Robin A. Lee	
STREET ADDRESS	2.3 STREET ADDRESS	2511 Ebersol Rd.	
CITY, ST, ZIP	2.4 CITY-ST-ZIP	Jacksonville, FL. 32216	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY, ST, ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY, ST, ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY, ST, ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY, ST, ZIP	6.4 CITY-ST-ZIP		

14. I, the filer, 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 an address.

SIGNATURE: **R. Keith Green** **R. Keith Green** **3-6-97** **904 739-3609**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)