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**Jan 23 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 # P96000062527 (2)

1. Corporation Name
GREEN ACRES HYDROSEEDING, INC.



Principal Place of Business: **2426 ORCHID BAY DRIVE #F-103 NAPLES FL 33942**
Mailing Address: **2426 ORCHID BAY DRIVE #F-103 NAPLES FL 34109-7683**

3. Date Incorporated or Qualified: **07/25/1996** 3a. Date of Last Report: **?**
4. FEI Number: **593390473** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **2426 ORCHID BAY DR #103** 2a. Mailing Address: 26 **SAME**
Suite, Apt. #, etc.: 22 **NAPLES** Suite, Apt. #, etc.: 27 **A**
City & State: 23 **Florida** City & State: 28
Zip: 24 **34109** Country: 25 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**PFEUFFER, WILLIAM A
1124 GOODLETTE ROAD
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name: **WILLIAM PFEUFFER**
82 Street Address (P.O. Box Number is Not Acceptable): **1124 GOODLETTE RD**
83 **NAPLES**
84 City: **FLORIDA** FL 85 Zip Code: **33940**

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

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARKS, LINDA C | |
| STREET ADDRESS | 2426 ORCHID BAY DRIVE #F-103 | |
| CITY-ST-ZIP | NAPLES FL 33942 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | V. PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MICHAEL MARKS | |
| 1.3 STREET ADDRESS | 2426 ORCHID BAY DR #103 | |
| 1.4 CITY-ST-ZIP | NAPLES, FL - 34109 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: _____ **LINDA MARKS** Date: **1-21-97** Linda Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)