

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

DOCUMENT # **P96000062527 (2)**

1. Corporation Name  
**GREEN ACRES HYDROSEEDING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2426 ORCHID BAY DR  
103  
NAPLES FL 34109  
US**

Mailing Address  
**2426 ORCHID BAY DR  
103  
NAPLES FL 34109  
US**

3. Date Incorporated or Qualified  
**07/25/1996**

4. FEI Number  
**59-3390473**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 **3503 PINSTAR TERRACE**  
Suite, Apt. #, etc.  
22 **NORTH PORT FLORIDA**  
City & State  
23 **3503**  
Zip  
24 **34287**  
Country  
25 **USA**

2a. Mailing Address  
26 **3503 PINSTAR TERRACE**  
Suite, Apt. #, etc.  
27 **NORTH PORT FLORIDA**  
City & State  
28  
Zip  
29 **34287**  
Country  
30 **USA**

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

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		DELETE
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>MARKS, MICHAEL</b>	
STREET ADDRESS	<b>2426 ORCHID BAY DR #103</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>MICHAEL MARKS</b>		
1.3 STREET ADDRESS	<b>3503 PINSTAR TERRACE</b>		
1.4 CITY-ST-ZIP	<b>NORTH PORT FLORIDA 34287</b>		
2.1 TITLE	<b>PRESIDENT/OWNER</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>LINDA C. MARKS</b>		
2.3 STREET ADDRESS	<b>3503 PINSTAR TERRACE</b>		
2.4 CITY-ST-ZIP	<b>NORTH PORT FLORIDA 34287</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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* **LINDA MARKS** *February 20, 1998*

CR2E034 (10/97)