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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90023 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014510

1. Corporation Name
REALGREEN, INC.

Principal Place of Business
11494 W COLUMBIA PK DR
SUITE #4
JACKSONVILLE FL 32258
US

Mailing Address
445 STATE RD 13 NORTH
SUITE 26-437
FRUIT COVE FL 32259-3838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1997

4. FEI Number
59-3447106

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 6593 POWERS AVE.
Suite, Apt. #, etc.
22 SUITE #14

2a. Mailing Address
26 P.O. BOX 600362
Suite, Apt. #, etc.
27

23 JAX FL.
City & State
24 32217 25 USA
Zip Country

28 JAX FL.
City & State
29 32260 30 USA
Zip Country

9. Name and Address of Current Registered Agent

HEALER, RICHARD ALAN
752 NOTTINGHAM FOREST CIRCLE
SWITZERLAND FL 32259

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME HEALER, RICHARD A
STREET ADDRESS 752 NOTTINGHAM FOREST CIRCLE
CITY-ST-ZIP SWITZERLAND FL 32259

TITLE ST
NAME HEALER, STELLA J
STREET ADDRESS 752 NOTTINGHAM FOR CIR
CITY-ST-ZIP SWITZERLAND FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Richard A Healer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 904-268-3222
Date Daytime Phone #

CR2E034 (11/98)