FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G02888** **(7)**

1. Corporation Name

GREENE'S TRUCK PLAZA, INC.

Principal Place of Business	Mailing Address
4353 WEST MAIN ST P O BOX 353 MIMS FL 32754	4353 WEST MAIN ST P O BOX 353 MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2500 N. CARPENTER RD
22 Suite, Apt. #, etc:
23 City & State: TITUSVILLE FL
24 Zip: 32796 25 Country: Brevard

2a. Mailing Address
26: P.O. BOX 353
27 Suite, Apt. #, etc
28 City & State: MIMS, FL
29 Zip: 32754 30 Country: Brevard

4. FEI Number: **59-2225500** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, JOHN G.
4035 MCCULLOUGH ROAD
MIMS FL 32754

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 _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	GREENE, JOHN G	12 NAME		
STREET ADDRESS	4035 MCCULLOUGH RD	13 STREET ADDRESS		
CITY ST ZIP	MIMS, FL 00000	14 CITY ST ZIP	32754 ZIP	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	GREENE, JEFFREY B.	22 NAME		
STREET ADDRESS	1011 INDIAN RIVER AVENUE	23 STREET ADDRESS		
CITY ST ZIP	TITUSVILLE FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE	DELETE / DECEASED	☒ Change ☐ Addition
NAME	GREENE, JOHN J.	32 NAME		
STREET ADDRESS	3090 SAUNDERS PLACE	33 STREET ADDRESS		
CITY ST ZIP	TITUSVILLE FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	GREENE, LUELLA A.	42 NAME		
STREET ADDRESS	3090 SAUNDERS PLACE	43 STREET ADDRESS		
CITY ST ZIP	TITUSVILLE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is, and was at the time of submission, true and accurate and that such information complies with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, and/or on any attachment with an address.

SIGNATURE: John G. Greene JOHN G. GREENE 4-28-95 407-267-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0415157 FP