FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

GREENE'S TRUCK PLAZA, INC.

Principal Place of Business

~~2550 N. CARPENTER RD~~
~~P O BOX 353~~
TITUSVILLE FL 32796
US

Mailing Address

~~P.O. BOX 353~~
~~P O BOX 353~~
~~MIMS FL 32754~~
US

2. Principal Place of Business

21 2500 N. CARPENTER RD.

Suite, Apt. #, etc.

22

City & State

23 TITUSVILLE, FL

Zip 24 32796 Country 25 USA

2a. Mailing Address

26 2500 N. CARPENTER RD.

Suite, Apt. #, etc.

27

City & State

28 TITUSVILLE, FL

Zip 29 32796 Country 30 USA

3. Date Incorporated or Qualified: 10/04/1982

3a. Date of Last Report: 05/01/1995

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 s. 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: GREENE, JOHN G.

82 Street Address (P.O. Box Number is Not Acceptable)

83 2500 N. CARPENTER RD.

84 City: TITUSVILLE **FL** 85 Zip Code: 32796

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: John G. Greene — DATE: 2-24-96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GREENE, JOHN G	
STREET ADDRESS	~~4035 MCCULLOUGH RD~~	
CITY, ST, ZIP	~~MIMS, FL 00000~~	
TITLE	VD	☐ DELETE
NAME	GREENE, JEFFREY B.	
STREET ADDRESS	1011 INDIAN RIVER AVENUE	
CITY, ST, ZIP	TITUSVILLE FL	
TITLE	SD	☐ DELETE
NAME	GREENE, LUELLA A.	
STREET ADDRESS	3090 SAUNDERS PLACE	
CITY, ST, ZIP	TITUSVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☑ Change ☐ Addition
1.2 NAME	JOHN G. GREENE	
1.3 STREET ADDRESS	2500 N. CARPENTER RD.	
1.4 CITY, ST, ZIP	TITUSVILLE, FL 32796	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I hereby certify that the information supplied within this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 is added in an attachment with an address.

SIGNATURE: John G. Greene — DATE: 2-24-96 — Daytime Phone: 407-267-5301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)