FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

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DOCUN 1. Corporation		53 (5)			
MCKIN	NEY-GREEN INC				
MICKIN	INL FONLLIA INO			1 KARNIA (1811 BANA) 18118 (1980) BIN	DA ANNA MARAN TATAN ANTON MARAN MARAN MARAN HATA
Principa! Place	of Business	Mailing Address		T JANUAR LINES LEGATOR FOR THE FIRST PART PART PART PART PART PART PART PAR	DO BIJI OTBIO BIBIF OLDIJ OHDIJ GTOM DIDIJ 1001
P O BOX 14	484	P O BOX 14484			
	FL 32604-9484	GAINESVILLE FL 32604	I-9484		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/16/1957	04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u> </u>	<u>59-0815408</u>	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			- Fee Hequired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	This corporation has liability for	
24	25	29	30		□ No
	g. Name and Address of Curre		11	10. Name and Address of New F	legistered Agent
			81 Name		
GREEN.	ALONZO FRANK		82 Street Ac	Idress (P.O. Box Number is Not Acceptab	ole)
4140 N	W 27TH LANE SUITE G				
GAINES	VILLE, FL		83		
32606-3	600		84 City		85 Zip Code
			<u> </u>		FL 13 2.5 coos
or registere	ed agent, or both, in the State of Fior	rida. Such change was authorize	s, the above-named corp d by the corporation's b	poration submits this statement for the purporation of directors. I hereby accept the app	ointment as registered agent. I am
familiar with	a, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered ager	ot and title if applicable. (NO)	E. Registered Agent signature req	lired wher; reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TIFLE	SD	☐ DELETE	1, 1 TITLE		Change Addition
NAME	GREEN, PAUL MICHAEL		1.2 NAME		
STREET ADDRESS	4140 N W 27TH LANE G		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 C(TY - ST - ZIP		F1.01
THLE	VD	☐ DELETE	2 1 TITLE		Change Maddition
NAME	WEIDLER, J PHILLIP		2 2 NAME		
STREET ADDRESS	4140 N W 27TH LANE G		2 3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 00000 PD	DELETE	24 CITY-ST-ZIP 3 1 TITLE		Change Addition
TITLE NAME	GREEN, ALONZO FRANK	L DECENT	3.2 NAME		
STREET ADDRESS	4140 N W 27TH LANE G		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4 CITY-ST-ZIP		
THLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		:
CITY-ST-ZIP		₽7 prifts	5.4 C(TY - ST - Z)P		Change Addition
TITLE		DELETE	6 1 11TLE		C diversity C Variations
NAME Bases Appasso			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY - ST - ZIP		07/0/4) 51: 11: 01: 4

14. I do hereby certify that the information supplied with this filing is 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 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:

SIGNATURE AND TYPED EXPAINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALONZO FRANK GREEN