

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90020 004 ***600.00

DOCUMENT # 292691

1. Corporation Name
GREENE-HORNE CORPORATION

Principal Place of Business
4600 CANAL RD.
LAKE WALES FL 33853
US

Mailing Address
4600 CANAL RD
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/11/1965

4. FEI Number
59-1101303

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

2. Principal Place of Business
21 4241 Alameda Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 4241 Alameda Blvd
Suite, Apt. #, etc.

22 City & State
23 LAKE WALES FL
Zip Country
24 33853 25 USA

27 City & State
28 LAKE WALES FL
Zip Country
29 33853 30 USA

9. Name and Address of Current Registered Agent

HORNE, KERMIT R
4600 CANAL RD
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
4241 Alameda Blvd.
83
84 City LAKE WALES FL 85 Zip Code 33853

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

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME HORNE, KERMIT
STREET ADDRESS 4600 CANAL RD
CITY-ST-ZIP LAKE WALES FL

TITLE ST
NAME HORNE, ANNE L
STREET ADDRESS 4600 CANAL RD
CITY-ST-ZIP LAKE WALES 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4241 Alameda Blvd
1.4 CITY-ST-ZIP LAKE WALES FL 33853

2.1 TITLE Same ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4241 Alameda Blvd
2.4 CITY-ST-ZIP LAKE WALES FL 33853

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 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: ANNIE L. HORNE

ANNIE L. HORNE 4/21/99 941 439 1537

Date

Daytime Phone #

CR2E034 (11/98)

0431539