2001	UNIFORM BUSI	NESS REPOF	RT (UI	BR)	FII	LED			
DOCUMENT # 292691  1. Entity Name GREENE-HORNE CORPORATION				-	Apr 30, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address	<del></del>					-	
LAKE WALES 33853	FL US	LAKE WALES 33853	FL US						
2. Principal P	lace of Business	3. Mailing Address 4244 JACARANDA DR.	•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e FL	City & State LAKE WALES	FL		4. FEI Number 59-1101303		<del></del>	oplied For	Ì
Zip 33853	Country	Zip 33853	Country		5. Certificate of Status Des	sired	\$8.75 Ad	ditional	-
	6. Name and Address of Current R				7. Name and Address of	New Registered	Fee Require	<u></u>	1
HORNE	ANNIE L		Nam		, <u> </u>	<u> </u>		· · ·	1
4244 JACARANDA DR.			Stree	et Address (P.	O. Box Number is Not Acce	ptable)		<del></del> -	1
LAKE WAL	ES FI US	,							
33033			City			FL	Zip Cod	le	1
8. The above	named entity submits_this statement for	the purpose of changing its re	gistered offic	e or registered	d agent, or both, in the State	of Florida.			1
SIGNATURE _	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: R	Registered Agent s	ignature required w	hen reinstating)	- 04/30 DATE	/2001	<u></u>	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be	e \$550.00	10. Election Campa Trust Fund Cont			0 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO	O OFFICERS AND	DIRECTOR	S IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORNE ANNIE L 4244 JACARANDA DR. LAKE WALES	☐ Delete  FL 33853	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition	(034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESSOP ERIC 3215 LUPINE WAY LAKE WALES	☐ Delete .	TITLE NAME STREET ADDRE CITY-ST-ZIP	VP JESSOI ESS 4244 JA LAKE V	CARANDA DR.	FL	<b>▼</b> Change 33853	Addition	CR2E00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE KERMIT R 3215 LUPINE WAY LAKE WALES	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	P HORNI ESS 4244 JA LAKE V	CARANDA DR	FL	<b>X</b> Change 33853	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-2IP	ESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP				☐ Change	Addition	
of the corp	tertify that the information supplied with to on this report or supplemental report is in poration or the receiver or trustee empoyor or on an attachment with an address, w	rue and accurate and that my vered to execute this report as	eignatura ens	all have the co	me legal offect on if made.	under oath; that I a y name appears i	nen en efficer	ar disaster	
J. J. 1471		INTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date		laytime Phone #		

Date

Daytime Phone #