

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 14 PM 4:04****DOCUMENT # 370290****(9)**

1. Corporation Name

GREENE'S PRINTING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1814 S.E. 169TH AVE. RD. SILVER SPRINGS FL 34488	1814 S.E. 169TH AVE. RD. SILVER SPRINGS FL 34488

3. Date Incorporated or Qualified 09/24/1970	3a. Date of Last Report 03/29/1994
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2. Principal Place of Business

2a. Mailing Address

21

2G

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number
59-1303268

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

10. Name and Address of New Registered Agent

**GREENE, T. C.
1814 SE 169TH AVE RD
SILVER SPRINGS FL 34488**

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

[Signature]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

2/8/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	GREENE, M. P.
STREET ADDRESS	1814 SE 169TH AVE. RD.
CITY- ST- ZIP	SILVER SPRINGS FL 34488

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE	P
NAME	GREENE, T. C.
STREET ADDRESS	1814 SE 169TH AVE. RD.
CITY- ST- ZIP	SILVER SPRING FL 33488

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 110.07(2)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. C. GREENE**2/8/95**

DATE

629-7433

TELEPHONE