

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90036 030 ***150.00

DOCUMENT # 410732

1. Corporation Name

GREENLAND ACRES, INC.

Principal Place of Business

4556 S MANHATTAN AVE
D
TAMPA FL 33611
US

Mailing Address

P O BOX 13726
TAMPA FL 33681
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1972

4. FEI Number

59-1504804

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MALDONADO, DARCIE L
4556 S MANHATTAN AVE
SUITE D
TAMPA FL 33611

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SIMONS, JEROME A
STREET ADDRESS 3864 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ~~VD~~ ☐ DELETE
NAME SIMONS, BARBARA M
STREET ADDRESS 1551 GRACE LKS CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE STD ☐ DELETE
NAME MALDONADO, DARCIE L.
STREET ADDRESS 4556 S MANHATTAN AVE - SUITE D
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME SIMONS, DAVID J
STREET ADDRESS 3864 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VD ☐ DELETE
NAME WILLIAMS, GLADYS A
STREET ADDRESS 4335 AEGEAN DR 136A
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME SIMONS, LEONARD
STREET ADDRESS 3864 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL 33021

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Darcie L. Maldonado 1-13-99 (813) 831-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)