

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 467697 (9)

1. Corporation Name
ESCOE GREEN, INC.

Principal Place of Business
11325 WOODSONG LOOP NORTH
JACKSONVILLE FL 32225

Mailing Address
11325 WOODSONG LOOP NORTH
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1975

4. FEI Number

59-1568336

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 1905 NW 5th Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 1905 NW 5th Ave

Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

24 Zip

32603

Country

25 USA

27 City & State

28 Gainesville, FL

29 Zip

32603

Country

30 USA

9. Name and Address of Current Registered Agent

GREEN, ROBERT E.
11325 WOODSONG LOOP NORTH
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Robert E. Green

82 Street Address (P.O. Box Number is Not Acceptable)

83 1905 NW 5th Ave

84 City Gainesville

FL

85 Zip Code

32603

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 P [] DELETE

NAME GREEN, ROBERT E
STREET ADDRESS 11325 WOODSONG LOOP NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P [] Change [] Addition

12 NAME Green, Robert E
13 STREET ADDRESS 1905 NW 5th Ave
14 CITY-ST-ZIP Gainesville, FL 32603

2.1 TITLE [] Change [] Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE:

Robert E. Green

9-30-98

CR2E034 (5/98)