## 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

## DOCUMENT # 490443

GEORGE H. GREENE REAL ESTATE, INC.

Principal Place of Business Mailing Address							
20 WESTMINSTER STREET 20 WESTMINSTER STREET							
PALM COAST FL 32164 PALM COAST FL 32164					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed	<del></del>	
					12/05/1975		,
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-1715364	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ac	dditional
22				5. Certificate of Status Desired	Fee Req	uired	
City & State City & State				6. Election Campaign Financing	\$5.00 N		
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	<i>y</i>	8. This corporation owes the current year I		
24	25		30		Personal Property Tax.		□No
<u> </u>	9. Name and Address of Curren	Registered Agent	84	Name	10. Name and Address of New Registere	1 Agent	
DAN	IELS, ANGELA		ľ	Name			
	VESTMINSTER STREET		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)		
	M COAST FL 32164		83				
FALI	W COAST I L 32104		0.	"			
			84	City	F	85 Zip Co	ode
				<u> </u>	prporation submits this statement for the purpose		rogistered
l office or n	registered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was at	ithonzed by	r the corpora	ation's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	Clarature hand a cented across of registered agen	t and title if applicable (NDTF)	Registered Age	ent sunnahure (ett)	uired when reinstating) DATE		<del></del>
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			anginoration	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	P	AND DIRECTORS 13.				Change	Addition
NAME	GREENE, GEORGE H		1.2 NAME				{
STREET ADDRESS	AN INCOMMINATED ATORET		1,3 STREI	T ADDRESS			}
CITY-ST-ZIP			1.4 CITY-				}
TITLE	S	☐ DELETE 2.1 TI				☐ Change	☐ Addition
NAME	DANIELS, ANGELA	2.2 N		}			ſ
STREET ADDRESS			2.3 STREI	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-				
TITLE	TALIF CONOTTE GETON	☐ DELETE 3.1 TV				Change	Addition
NAME		•	3.2 NAME	-			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			1	.			
STREET ADDRESS			4. 2 NAME	: 1			
<b>\</b>							
CITY-ST-ZIP			4 3 STREI	T ADDRESS			
		☐ DELETE	4.3 STREI	T ADDRESS		☐ Change	Addition
TITLE		DELETE	4 3 STREI	ST-ZIP		☐ Change	Addition
NAME		☐ DÉLETE	4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZiP		☐ Change	Addition
		☐ DÉLETE	4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	Addition

63 STREET ADDRESS

6.4 CITY- ST- ZIP

**SIGNATURE:** 

STREET ADDRESS

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 chapted, or on an attachment with an address, with all other like empowered. 800-927-0645

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90165 048 \*\*\*150.00