

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 499305 (1)

1. Corporation Name

GREENELAND COMPANY OF AMERICA



Principal Place of Business

U.S. 129 SOUTH
P.O. DRAWER 250
LIVE OAK FL 32060

Mailing Address

U.S. 129 SOUTH
P.O. DRAWER 250
LIVE OAK FL 32060

3. Date Incorporated or Qualified

03/18/1976

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 116 E. Conner St.

26 P. O. Drawer 250

4. FEI Number

59-1660789

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Live Oak, FL 32060

28 Live Oak, FL 32060

Zip

Country

Zip

Country

24 32060

25 Suwannee

29 32060

30 Suwannee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, R A
1820 U.S. 129TH SOUTH
LIVE OAK FL 32060

81 Name

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

116 E. Conner St.

83

84 City Live Oak

FL

85

Zip Code
32060

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

R. A. Greene, President

4-15-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
GREENE, R.A.
STREET ADDRESS 1820 S US 129
CITY-ST-ZIP LIVE OAK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

116 E. Conner St.

TITLE ☐ DELETE

NAME ST
JOHNSON, PHYLLIS
STREET ADDRESS RT 8 BOX 145
CITY-ST-ZIP LIVE OAK FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
GREENE, R.A., JR.
STREET ADDRESS 555 W. BAY AVE.
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2678 Blanding Blvd.
Middleburg, FL 32068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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:

R. A. Greene, President

4-15-96

904-364-7711

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)