

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

116 E. CONNER STREET
LIVE OAK FL 32060
US

Mailing Address

P.O. DRAWER 250
LIVE OAK FL 32064
US

FILED
Mar 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1976

4. FEI Number

59-1860789

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 11264 71st DR

Suite, Apt. #, etc.

22 City & State

23 LIVE OAK, FL

24 Zip

32060

25 Country

25 SAVANNAH

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

GREENE, R A
116 E. CONNER STREET
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name GREENE, R.A.

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

83 11264 71st DR

84 City LIVE OAK, FL

85 Zip Code 32060

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 R.A. Greene

3-17-98

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 GREENE, R.A.
STREET ADDRESS 116 E. CONNER STREET
CITY-ST-ZIP LIVE OAK FL

TITLE ST ☐ DELETE

NAME JOHNSON, PHYLLIS
STREET ADDRESS 15178 US 90
CITY-ST-ZIP LIVE OAK FL

TITLE VD ☐ DELETE

NAME GREENE, R.A., JR.
STREET ADDRESS 2878 BLANDING BLVD
CITY-ST-ZIP MIDDLEBURG FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GREENE, R.A.

1.3 STREET ADDRESS 11264 71st DR

1.4 CITY-ST-ZIP LIVE OAK, FL 32060

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.

R.A. GREENE R.A. Greene

3-17-98 004-1753-3313

CR2E034 (10/97)