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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 510531 GREEN CORN, INC. Principal Place of Business Mailing Address 450 E L:AS OLAS BLVD 450 E LAS OLAS BLVD STE 1200 STE 1200 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1976 2. Principal Place of Business 4. FEI Number Applied For 110 SE SIX4NS 21 59-1694750 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Ale, Laudes Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 6 PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE 1.1 TITLE Change Addition | TITLE HAWKINS, THOMAS W. NAME 1.2 NAME 110 SE Six4h St. 450 E LAS OLAS BLVD STE 1200 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL LAWYERDAIP CITY-ST-ZIP 1.4 CITY - ST - ZIP DVS DELETE 2.1 TITLE Change TITLE X Addition James O. Cole HANDLEY, RICHARD L. NAME 1105E Sixth St. 450 E LAS OLAS BLVD STE 1200 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition EGAN, MICHAEL S. NAME 3.2 NAME 110 SE 6 ST STREET ADORESS **33 STREET ADDRESS** FT LAUDERDALE FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition TRIPP, NORMAN D. 4. 2 NAME 110 SE 6 ST STREET ADDRESS 4.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition PEDDY, COURTLAND NAME Kathleen Hyle 5.2 NAME 450 E LAS OLAS BLVD STE 1200 STREET ADDRESS 5 3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 semporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4-9-94