

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 544814 (7)

1. Corporation Name

J.L. GREEN, INC.

Principal Place of Business

**5344 LOCH PLACE
LAKELAND FL 33813**

Mailing Address

**5344 LOCH PLACE
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1977

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21 3245 STONEWATER DL.

2a. Mailing Address

26 3245 STONEWATER DL.

4. FEI Number

59-1100652

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

23 LAKELAND, FL

City & State

28 LAKELAND, FL

Zip

24 33803

Country

Zip

29 33803

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, JAMES L.
5344 LOCH PL.
LAKELAND FL 33803**

81 Name

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

3245 STONEWATER DRIVE

83

84 City

LAKELAND

FL

85 Zip Code

33803

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	GREEN, JAMES L
STREET ADDRESS	5344 LOCH PLACE
CITY - ST - ZIP	LAKELAND, FL 00000
TITLE	PD
NAME	GREEN, JAMES L
STREET ADDRESS	5344 LOCH PLACE
CITY - ST - ZIP	LAKELAND, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3245 STONEWATER DRIVE
1.4 CITY - ST - ZIP	LAKELAND, FL 33803
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3245 STONEWATER DRIVE
2.4 CITY - ST - ZIP	LAKELAND, FL 33803
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 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)(4), 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:

JAMES L. GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95
Date

813-644-4071
Daytime Phone #