FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT STATE

Sandra B. Morti

Secretary of Sta DIVISION OF CORPOR TIONS

DOCUMENT # 546699

JO GREEN, INC.

1997

(0)

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 190 SHERWOOD FOREST DR DELRAY BEACH FL 33445 US		Mailing Address 190 SHERWOOD FOREST DR DELRAY BEACH FL 33445-3667 US						
						3. Date Incorporated or Qualified 08/18/1977		of Last Report
2. Principal Place of Business 1		2a. Mailing Address 26				4. FEI Number 59-2698716		Applied For Not Applicable
Suite, Apt #, etc 2		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	9			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζφ 29	30	ntry		8. This corporation has liability for in Florida Statutes	ntangible ta Yes 🔲	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GREEN, JO				81	Name			
190 SHERWOOD FOREST DR DELRAY BEACH FL 33445				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		FL	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, typed or ported name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change 1.1 TELE Addition 1111.8 GREEN, JO 1.2 NAME NAME: 190 SHERWOOD FOREST DR 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 14 OTY-ST-ZIP CITY-ST ZIP DELETE 2.1 TILE Change Addition TITLE 2.2 N.ME NAME 2.3 SPREET ADDRESS STREET ADDRESS TY-ST-ZIP City-St-ZIP DELETE Change Addition LE. TIRLE 32 N NAME REET ADDRESS STREET ADDRESS IY-ST-ZIP CITY - S1 - 7/P DELETE ☐ Change Addition TITLE ME NAME 4.3 SREET ADDRESS STREET ADDRESS CHY-ST-ZIF 4.4 (TY - ST - ZIP DELETE Change Addition 5.1 TITLE 521 ME NAME 5.3 SPEET ADDRESS STREET ADDRESS 5.4 Y-\$1-ZIP CHY-ST-ZIP DELETE Change Addition 611 LΕ THEE 6.2 ME NAMi REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY+S1-ZIP

14. I do 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 courate 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.