

**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 # 567717 (4)

1. Corporation Name  
**ROBERT E. GREENE, INC.**



Principal Place of Business: 51 W. FLAGLER AVE. STUART FL 34994  
Mailing Address: 51 W. FLAGLER AVE. STUART FL 34994

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	03/28/1978		02/02/1995
4.	FBI Number	Applied For	
	59-1810935	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREENE, GARY L  
51 W FLAGLER AVE Suite 205  
STUART FL 33494

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <del>GREENE, ROBERT E.</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GREENE, ROBERT E.</del>	1.2 NAME
STREET ADDRESS	<del>51 W. FLAGLER AVE.</del>	1.3 STREET ADDRESS
CITY-ST-ZIP	<del>STUART FL</del>	1.4 CITY-ST-ZIP
TITLE	DP GREENE, GARY L. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GARY L.	2.2 NAME
STREET ADDRESS	51 W. FLAGLER AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP
TITLE	D GREENE, EMILY R. <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, EMILY R.	3.2 NAME
STREET ADDRESS	51 W. FLAGLER AVE.	3.3 STREET ADDRESS
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP
TITLE	D ALLEN, DEBRA <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DEBRA	4.2 NAME
STREET ADDRESS	51 W FLAGLER AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP
TITLE	D BLANKENSHIP, JANET G <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, JANET G	5.2 NAME
STREET ADDRESS	51 W FLAGLER AVE	5.3 STREET ADDRESS
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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, unchanged, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-1-96 (407) 287-2567

CR2E034 (12/95)