FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761615 (4)

1. Corporation Name

GREENSCAPE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
P O BOX 445 JACKSONVILLE FL 32201 US	P O BOX 445 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1982
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2283261 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3100 University Blvd S	26 3100 University Blvd S
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27 Suite 112
City & State 23 JAX FL	City & State 28 JAX FL
Zip / Country 24 32216 25 Duval	Zip / Country 29 32216 30 Duval

9. Name and Address of Current Registered Agent

PAPPAS, TED P
100 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	BOULOS, E. ZIMMERMANN Delete	12 NAME	Delete	
STREET ADDRESS	1524 SAN MARCO BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	VD	☑ Change ☐ Addition
NAME	WERBER, CECELIA	22 NAME	←	
STREET ADDRESS	4175 VENETIA BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	SD	☑ Change ☐ Addition
NAME	PEYTON, JOHN S	32 NAME		
STREET ADDRESS	P O BOX 23627 N/A	33 STREET ADDRESS	←	
CITY-ST-ZIP	JACKSONVILLE FL 32241	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, TED P	42 NAME		
STREET ADDRESS	100 RIVERSIDE AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	TD	☐ Change ☑ Addition
NAME		52 NAME	Richard G. Skinner	
STREET ADDRESS		53 STREET ADDRESS	4321 Roosevelt Blvd	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jax. Fl 32210	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	Kelly R. Elmore	
STREET ADDRESS		63 STREET ADDRESS	8880 Baymeadows R, #16	
CITY-ST-ZIP		64 CITY-ST-ZIP	JAX FL 32256	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ted P. Pappas Feb 23 1995 (904) 353-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

TED P. PAPPAS

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