NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S M Charil
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 761615

(4)

GREENSCAPE OF JACKSONVILLE, INC.

Principal Place of Business		Mailing Address				TI BALL BUDII	i Digil Bigil Bigi		
3100 UNIVERSITY BLVD S SUITE 112 JACKSONVILLE FL 32216		3100 UNIVERSITY BLVD. S SUITE 112 JACKSONVILLE FL 32216							
US		US		;	 Date Incorporated or Qualified 01/27/1982 	3a.	Date of Last 03/03/1		
2. Principal Place of Business		2a. Mailing Address		-	4. FEI Number			Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2283261			Not Applicable	
22		27		!	5. Certificate of Status Desired	Ø		Additional Required	
City & State	9	City & State			 Election Campaign Financing Trust Fund Contribution 			May Be	
Zıp	Country	Zip	Country		8. This corporation has liability for in	ntangible			
24	9. Name and Address of Curren	29 3	30		Florida Statutes	Yes	□No		
	0. Name and Address of New R	egistere	d Agent						
			81 Nam	SUSAN	C CAVEN				
62 Street Add				et Address (i	kfiress (P.O. Box Number is Not Acceptable) 75 WHITE OAK LANE				
JACKSONVILLE FL 32204			83						
•			84 City			207	85 Zir	2207	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508. Florida Statutes 1	the chara page of		ONVILLE,	F		· · · · · · · · · · · · · · · · · · ·	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 conoration's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	in, and accept the conganous of, Secti	ori o i 7.0003, Fibrida Statutes.	Munic	///	11/1/2				
	Stgrature, typed or printed name of registered agent	and title it applicable	egiste ed Agent signatur	re required when	reinstating)	DATE		 .	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		ND DIRECTO	RSIN 12	
TITLE	TD	DELETE	1.1 BILE OIO	PRI	ESIDENT		Change	Addition	
NAME	SKINNER, RICHARD G		1.2 NAME	SUS	SAN C CAVEN				
STREET ADDRESS	4321 ROOSEVELT BLVD		1.3 STREET ADDRESS	s 277	75 WHITE OAK LA	NE			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	JAC	CKSONVILLE, FL	322	07		
TITLE	VD	DELETE	21 TITLE VA		CE-PRESIDENT		Change	Addition	
NAME	WERBER, CECELIA		2.2 NAME		IN T CASSIDY,				
STREET ADDRESS	4175 VENETIA BLVD		2.3 STREET ADDRESS		37 NEW KINGS RD	(US	11		
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CHTY - ST - ZIP						
TITLE	SD COUNT O	DELETE	31 TITLE 50	4	KEUNKATTE, ET	3 22	Change	☐ Addition	
NAME	PEYTON, JOHN S		3 2 NAME	l l	LY B LEE				
STREET ADDRESS	P O BOX 23627 N/A		3.3 STREET ADDRESS		31 WOODMERE DRI				
CITY-ST-ZIP TITLE	JACKSONVILLE FL PD	DELETE	3.4. CITY-ST-ZIP		CKSONVILLE, FL	322			
NAME	PAPPAS, TED P	Deceie	4.1 TITLE TO		EASURER		X Change	Addition	
STREET ADDRESS	100 RIVERSIDE AVENUE		4. 2 NAME		AN P STRICKLAND				
CITY-ST-ZIP	JACKSONVILLE FL		4.3 STREET ADORESS		30 ATLANTIC BLV	D			
TITLE	D	DELETE	4.4 CITY - ST - ZIP	JAC	KSONVILLE, FL	_322			
NAME	ELMORE, KELLY R	Дисте	51 TITLE D	D			☐ Change	Addition	
STREET ADDRESS	8380 BAYMEADOWS RD, #16	· }	5 2 NAME		SAME				
CITY-ST-ZIP	JACKSONVILLE FL	•	5 3 STREET ADDRESS	٥	70000187	71 C	4 7		
TITLE	WINDOWS IL	DELETE	5.4 CITY-ST-ZIP 6.1 THILE		-06/21/96010:	 1117	a alb		
NAME		Doctore	62 NAME		***70.00	L	-Eschange		
STREET ADDRESS					**************************************		0)	1-	
City-ST-ZIP			6.3 STREET ADDRESS	·		12	2		

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

SIGNATURE:

ORE ARD TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR
SUSAN C. CAVEN

3/20/96

(904)398-7945

Daytime Phone #

CR2E037 (12/9!