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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761615

1. Corporation Name

GREENSCAPE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3100 UNIVERSITY BLVD S #322 JACKSONVILLE FL 32216 US	3100 UNIVERSITY BLVD S #322 JACKSONVILLE FL 32216 US

2. Principal Place of Business	2a. Mailing Address
21 4401 Emerson Street	26 4401 Emerson Street
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite 3
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.
Zip / Country 24 32207 25 US	Zip / Country 29 32207 30 US

3. Date Incorporated or Qualifed: 01/27/1982

4. FEI Number: 59-2283261 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CASSIDY, JOHN T
4196 HERSCHEL ST
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: PEYTON, John S.
82 Street Address (P.O. Box Number is Not Acceptable): 4401 Emerson Street
83 Suite 3
84 City: Jacksonville Beach **FL** 85 Zip Code: 32207

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 corporation'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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STVP PEYTON, JOHN S P O BOX 23627 N/A JACKSONVILLE FL 32241	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	STVP Welch, Lane Taylor 4425 Gadsden Court Jacksonville,Fl. 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASSIDY, JOHN T 4196 HERSCHEL ST JACKSONVILLE FL 32210	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD Peyton, John S. P.O. Box 23627 n/a Jacksonville, Fl. 32241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALEXANDER, LINDA 5041 YACHT CLUB RD JACKSONVILLE FL 32210	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD Morris, William H. 3935 Ortega Blvd. Jacksonville, Fl. 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIETAN, MARY 1877 BEACH AVENUE ATLANTIC BEACH FL 32233	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Cash, Cynthia 1225 Inwood Terrace Jacksonville, Fl. 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS, WILLIAM H 3935 ORTEGA BLVD JACKSONVILLE FL 32210	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Andrews, Bruce 601 Riverside Ave. Jacksonville, Fl. 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELMORE, KELLY R 9250 CYPRESS GREEN DR #200 JACKSONVILLE FL 32256	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Pietan, Mary 1877 Beach Ave. Atlantic Beach, Fl. 32233	☒ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE: MATT KELLEY REQUIRED — January 20, 1999 — 398-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)