

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F65536 (7)

1. Corporation Name

GREENTREE MARINA, INC.

Principal Place of Business

P.O. BOX 263
OLDSMAR FL 34677

Mailing Address

P.O. BOX 263
OLDSMAR FL 34677

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

29

9. Name and Address of Current Registered Agent

MARTIN, WAYNE
1011 ST. PETERSBURG DRIVE
OLDSMAR FL 34677

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, I, the undersigned, do hereby certify that I am a duly qualified and registered agent or, to the best of my knowledge and belief, in the State of Florida, for the change was performed in the State of Florida, and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or, to the best of my knowledge and belief, in the State of Florida, for the change was performed in the State of Florida, and accept the obligations of Section 607.0602, Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MARTIN, WAYNE	2358 ST. CHARLES DR.	CLEARWATER FL
STD	MARTIN, MARGARET A.	2358 ST. CHARLES DR.	CLEARWATER FL
VD	MARTIN, GREGORY	23 SANDPIPER DR	DUNEDIN FL
DAT	MARTIN, BEATRICE	18675 US 19 NO #153	CLEARWATER FL
DAS	MARTIN, DANIEL	18675 US 19 NO #153	CLEARWATER FL

14. I do hereby certify that the information reported with this filing is true and correct, and that I am a duly qualified and registered agent or, to the best of my knowledge and belief, in the State of Florida, for the change was performed in the State of Florida, and accept the obligations of Section 607.0602, Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and correct, and that my signature shall have the same legal effect as if made under oath. This report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attached sheet with an affidavit.

SIGNATURE:

Margaret A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret A. Martin 3-27-96 813 855-1161

3. Date incorporated or Qualified

02/02/1982

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2178110

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

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL 85 Zip Code

11. I, the undersigned, do hereby certify that I am a duly qualified and registered agent or, to the best of my knowledge and belief, in the State of Florida, for the change was performed in the State of Florida, and accept the obligations of Section 607.0602, Florida Statutes.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

CR2E034 (12/95)