FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT #
1. Corporation Name

L.R. G	ireen Mason & Tie bea	AM, INC.							
Principal Place of Business Mailing Address % L. R. GREEN 3107 APACHE STREET FT MYERS FL 33916 Mailing Address % L. R. GREEN 3107 APACHE STREET FT MYERS FL 33916 FT MYERS FL 33916							101 5101 61614 615		
						3. Date Incorporated or Qualified 03/23/1982	3a. Date o	f Last Re 7/18/1	eport 1 995
2. Principal Plac 21	e of Business	2a. Mailing Address 26			4. FEI Number				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Co.	untry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Agent		 	r 	10. Name and Address of New R	egistered Aç	jent	
ODECN	1.0			81	Name				
GREEN, L.R. 3107 APACHE STREET FT MYERS FL 33916				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
FIMIE	:49 FL 33910			83					
				84	City		FL		p Code
or registered	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Such change was authori.	ized by the	corpo	iamed corpora pration's board	ation submits this statement for the puri d of directors. I hereby accept the appo	pose of chang pintment as re	ging its r gistered	registered office Jagent, Lam
SIGNATURE .									
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					t signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D	VRECTO	JRS IN 12
THILE	P			1.1 TITLE		ADDITIONS/OFFANGES TO OFF		Change	Addition
NAME	GREEN, L.R.	GREEN, L.R.		1.2 NAME			-		
STREET ADDRESS	3107 APACHE STREET				ADDRESS				
CITY-S1-ZIP	FT MYERS FL	YERS FL		DITY-\$	T-ZIP				
TITLE	ST	- Office it		2. 1 TITLE				Change	☐ Addition
NAME	GREEN, JOHNNIE MAE		22 N	NAME	1				
STREET ADDRESS	3107 APACHE STREET		235	STREET ADDRESS					
CITY-S1-ZIP	FT MYERS FL		2.4 0	CITY-S	T-ZIP				
THLE		DELETE	3 1 1	TITLE		Change		■ Addition	
NAME				NAME	1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	T DELETE			3.4 CHY-ST-ZIP 4. 1 THLE				Chaogo	Addition
TITLE NAME							LJ	Change	☐ Addition
1				NAME	ADDRESS				
STREET ADDRESS CITY - ST - ZIP				DITY-S	1				
TITLE		☐ DELETE		TITLE	1-411			Change	Addition
NAME		_		NAME			_	٠	_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE				6 1 TITLE				Change	☐ Addition
NAME			621	NAME					
STREET ADDRESS			635	STREET	ADDRESS				
CITY-ST-ZIP			640	CITY - S	T-ZIP				
certify that the oath; that I a	he information indicated on this and	nual report or supplemental an oration or the receiver or trust	nual report tee empowe	is tru	ie and accurat	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fix	same legal of	fect as if	f made under

SIGNATURE: L. L. Dean Johnnie Mae 4/25-86 × 94/3320403 Johnnie Mae Sec./ Treas.