

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90158 033 ***150.00

DOCUMENT # F97000000975

1. Corporation Name

ALL GREEN CORPORATION

Principal Place of Business

1335 G CANTON ROAD
MARIETTA GA 30060

Mailing Address

1335 G CANTON ROAD
MARIETTA GA 30060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-2746524

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOWELL, BRAD
28870 U.S. 19 NORTH
CLEARWATER FL 34619

81 Name

Brad Stowell

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

13700 Sutton Park

83

84 City

Jacksonville

FL

85 Zip Code

32224

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE
NAME BARANT, EDWARD J
STREET ADDRESS 1335 G CANTON ROAD
CITY-ST-ZIP MARIETTA GA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MCKEE, MICHAEL
STREET ADDRESS 4165 ISLANDVIEW DR
CITY-ST-ZIP FENTON MI

2.1 TITLE Executive Vice President ☒ Change ☐ Addition
2.2 NAME MCKee, Michael
2.3 STREET ADDRESS 1033 S. East Street
2.4 CITY-ST-ZIP Fenton, MI 48430

TITLE S ☐ DELETE
NAME SCHULTZ, LAURENCE S
STREET ADDRESS 2600 W BIG BEAVER STE 550
CITY-ST-ZIP TROY MI

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME OLSON, MARK V
STREET ADDRESS 1335 G CANTON RD
CITY-ST-ZIP MARIETTA GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME HESSLER, RICHARD
STREET ADDRESS 1335 CANTON RD., SUITE G
CITY-ST-ZIP MARIETTA GA 30066-6053

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, 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:

Richard Hessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 1 1999

Date

770.973-1600

Daytime Phone #

CR2E034 (11/98)