FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:54

DOCUMENT # G11836 (5)

1. Corporation Name
GREENBRIER VILLAGE, INC.

Principal Place of Business	Mailing Address
BASS, GLENYS W. 6100 62ND AVENUE NORTH PINELLAS PARK FL 34665	BASS, GLENYS W. 6100 62ND AVENUE NORTH PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1982
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2256150 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BASS, GLENYS W.
6100 62ND AVE NORTH LOT #27
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ 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	SD	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	STEPHENSON, BETTY	1.2 NAME	DORIS FIELD-KRIEBLE	
STREET ADDRESS	6100 62ND AVE NORTH	1.3 STREET ADDRESS	6100 62ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE	VD	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ELLIOTT, JOHN	2.2 NAME	FRANK MILENOVICH	
STREET ADDRESS	6100 62ND AVENUE NORTH	2.3 STREET ADDRESS	6100 62ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE	VD	3.1 TITLE	1st VICE PRESIDENT	☒ Change ☐ Addition
NAME	MILENOVICH, FRANK	3.2 NAME	EUGENE CORNWELL	
STREET ADDRESS	6100 62ND AVENUE NORTH	3.3 STREET ADDRESS	6100 62ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE	PD	4.1 TITLE	2nd VICE PRESIDENT	☒ Change ☐ Addition
NAME	BELLEMARE, ROBERT	4.2 NAME	ROBERT SCHIEDER	
STREET ADDRESS	6100 62ND AVE NORTH	4.3 STREET ADDRESS	6100 62ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	4.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE	TD	5.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	FREEMAN, LESTER	5.2 NAME	LESTER FREEMAN	
STREET ADDRESS	6100 62ND AVE NORTH	5.3 STREET ADDRESS	6100 62ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: LESTER FREEMAN Lester Freeman 2-23-95 544-5014
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR4E1M CP