FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1982	3a. Date of Last Report 02/28/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2256150	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 29	Country 30	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: DORIS FIELD-KRIEBLE
82 Street Address (P.O. Box Number is Not Acceptable): 6100 62ND AVE NORTH #23
83
84 City: PINELLAS PARK FL 85 Zip: 34665

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: X Doris Field Krieble
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEPHENSON, BETTY 6100 62ND AVE NORTH PINELLAS PARK, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S DORIS FIELD KRIEBLE 6100 62ND AVE NORTH PINELLAS PARK, FL 34665	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILENOVICH, FRANK 6100 62ND AVENUE NORTH PINELLAS PARK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P MILENOVICH, FRANK 6100 62ND AVE NORTH PINELLAS PARK, FL 34665	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CORNWELL, EUGENE 6100 62ND AVENUE NORTH PINELLAS PARK FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP CORNWELL, EUGENE 6100 62ND AVE NORTH PINELLAS PARK, FL 34665	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHIEDER, ROBERT 6100 62ND AVE NORTH PINELLAS PARK, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP SCHIEDER, ROBERT 6100 62ND AVE NORTH PINELLAS PARK, FL 34665	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FREEMAN, LESTER 6100 62ND AVE NORTH PINELLAS PARK FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T FREEMAN, LESTER 6100 62ND AVE NORTH PINELLAS PARK, FL 34665	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000001779590 -04/15/96--01027--004 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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 3-7-96 (813) 544-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-14-96