# 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 -7 PM 2:48**

DOCUMENT # G12798 (6)

1. Corporation Name
GREICO CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 32853 PENNSYLVANIA AVE<br>PO BOX 15<br>SAN ANTONIO FL 33576 | 32853 PENNSYLVANIA AVE<br>PO BOX 15<br>SAN ANTONIO FL 33576 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1982
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 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: 59-2251663 ☐ 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

SUMNER, ROBERT D
106 SOUTH 6TH ST
DADE CITY FL 33525

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 | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREIF, CATHERINE E | 1.2 NAME | |
| STREET ADDRESS | 32853 PENNSYLVANIA AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | GREIF, JAMES B | 2.2 NAME | |
| STREET ADDRESS | 503 E. SOUTHVIEW AVE | 2.3 STREET ADDRESS | 37923 Southview Ave |
| CITY-ST-ZIP | DADE CITY FL 33525 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCKENDREE, VIRGINIA G | 3.2 NAME | |
| STREET ADDRESS | 30307 PASCO RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREIF, JOHN A | 4.2 NAME | |
| STREET ADDRESS | 13204 NEWGENT RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | 4.4 CITY-ST-ZIP | |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREIF, JEROME C | 5.2 NAME | |
| STREET ADDRESS | 32900 JESS JONES AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | 5.4 CITY-ST-ZIP | |
| 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)(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:** Catherine E. Greif P/D — 2-2-95 — 904-567-2683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CATHERINE E. GREIF

0441600 FP