

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

DOCUMENT # **G12798**

1. Corporation Name
GREICO CORPORATION

Principal Place of Business
**32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO FL 33576**

Mailing Address
**32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO FL 33576**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90081 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1982

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

9. Name and Address of Current Registered Agent

**SUMNER, ROBERT D
14150 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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREIF, JAMES B	2.2 NAME	
STREET ADDRESS	37923 SOUTHVIEW AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENDREE, VIRGINIA G	3.2 NAME	
STREET ADDRESS	30453 PASCO ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Virginia G. McKendree* Secretary-Director 3/8/99 353-567-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)