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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharp

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G75128

(0)

JOE GREENE, INC.

FILED May 16 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | EN ASBA CIAN BLAN | | AHII III I | |
|---|--|--|--------------------------------------|---|--|----------------------------------|--------------------------|----------------------------|--|
| 1007-BHALIMAR SHALIMAR FL. (| 1 POINT DRIVE 12670 | 1807-SHALIMAR POINT-DRIVE- SHALIMAR FL 32570-1861 | | | | | | | |
| | | | | | 3. Date Incorporated or Qualifie 02/01/1984 | d 3a. Date o | | eporl | |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For | |
| 21 903 Sara Drive | | [26] Same as place of business | | | 59-2369085 | 59-2369085 Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 8.75 8. Fee Re | Additional | |
| 22 City & State | | City & State | | | 6 Floation Compaign Financian | | | · | |
| Shali | mar, Florida | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Faes | | | | |
| 24 32579 Country 25 Country | | Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | | |
| 24 32579 | 25 25 Name and Address of Current | | 30] | | Florida Statutes 10. Name and Address of New | | | | |
| GRE | | | | | | | | | |
| GREENE, JOE L. 1 007 SHALIMAR POINT DR . 903 Saro Dr | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | LIMAR FL 92579 | | | | ne as place of business | | | | |
| | Stat | Maril 1. 10 and | 83 | 3 | | | | | |
| | | | 84 | Cily | | | 35 Zip (| Code | |
| | <u> :</u> | | | - | | FL. | - i | 1 | |
| 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 of 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. | | | | | | | | s registered registered | |
| SIGNATURE X Joe L. Greene General Manager 4 - 28-97 Signature typed on printed name of the gistered algebra and talled applicable (NOTE (tregistered Agent signate) required when revisitating) DATE | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND DI | RECTOR | S IN 12 | |
| TITLE | P\$ DELETE | | 1.1 11716 | | | | Change | Addition | |
| NAME | GREENE, SHIRLEY | | 1.2 NAME | | | | | 12 | |
| STREET ADDRESS | 1007 SHALIMAR POINT DR 903 Sara Dr | | 1.3 \$18(E | T AUDRESS | | | |] <u>[</u> | |
| CITY-ST-ZIP | Shalimar, FL 32579 | | 1.4 CITY- | \$1 - Z (P | | | | | |
| TITLE | LT DEHTE | | 2 1 111LE | | | | Change | Addition C | |
| NAME OXECT + DOGGOO | | | 2.2 NAME | Į. | | | | | |
| STREET ADDRESS | | | | EL ADDRESS | | | | | |
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| NAME | | | 3.2 NAME | | | | - | | |
| STREET ADDRESS | | | 33 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | 34, CITY | - ST - 7IP | | | | | |
| TITLE | | ☐ DELETE | 41 11111 | | | | Change | Addition | |
| NAME | | | 4 2 NAMI | | | | | | |
| STREET ADDRESS | | | | TAODRESS | | | | i | |
| CITY-ST-ZIP | | 1 th 515 | 4.4 CITY | \$1 - ZIP | | | Charge | Addition | |
| TITLE | | ☐ DECETE | 5.1 TITLE | | | ــا | Change | L Angillon | |
| NAME expect apopted | | | 5.2 NAME | 7 ADDRESS | .* | | | | |
| STREET ADDRESS | | • • | 5.4 CITY | ļ | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 Tillet | arzir | | | Change | Addition | |
| NAME | | | 6 2 NAME | | | <u></u> | 3- | _ | |
| STREET ADDRESS | | ••••• | | T ADDRESS | , , | | | | |
| CITY-ST-ZIP | | | 6.4 ICITY | | | | | | |
| | by certify that the information supplied | with this filing does not qualify | | | t in Section 119.07(3)(i), Florida Stati | utes. I further oc | rlify that | the | |

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 13 if changed, or on an attachment with an address.