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 # G78959 (5)

1. Corporation Name

GREENE AND ROWE DEVELOPMENT, INC.

Principal Place of Business
C/O JAMES H. GREENE
5200 WEST NEWBERRY RD. S-E9
GAINESVILLE FL 32607

Mailing Address
C/O JAMES H. GREENE
5200 WEST NEWBERRY RD. S-E9
GAINESVILLE FL 32607

2. Principal Place of Business
21 5341 SW 91st Terr.
22 Suite, Apt. #, etc. Ste A
23 City & State Gainesville FL
24 Zip 32608 25 Country Alachua

2a. Mailing Address
26 5341 SW 91st Terr.
27 Suite, Apt. #, etc. Ste A
28 City & State Gainesville, FL
29 Zip 32608 30 County Alachua

3. Date Incorporated or Qualified: 01/17/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2395696 ☐ 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**

GREENE, JAMES H.
5200 WEST NEWBERRY RD
SUITE E9
GAINESVILLE FL 32607

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5341 SW 91st Terr.
83 Ste A
84 City Gainesville FL 85 Zip Code 32608

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

TITLE	D	☐ DELETE
NAME	GREENE, JAMES H.	
STREET ADDRESS	5200 W NEWBERRY RD #E9	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	☐ DELETE
NAME	ROWE, ROBERT R.	
STREET ADDRESS	5200 W NEWBERRY RD #E9	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5341 SW 91st Terr. Ste A	
1.4 CITY-ST-ZIP	Gainesville, FL 32608	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5341 SW 91st Terr. Ste A	
2.4 CITY-ST-ZIP	Gainesville, FL 32608	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Robert R Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-22-96 Daytime Phone #

CR2E034 (12/95)