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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H45685** (5)
1. Corporation Name
GREENBRIER ASSOCIATES, INC.

Principal Place of Business

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207
US

Mailing Address

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207-8047
US



3. Date Incorporated or Qualified 03/06/1985	3a. Date of Last Report 08/05/1996
4. FEI Number 59-2555327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY
GENERAL COUNSEL
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32202

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	DP	<input type="checkbox"/> DELETE
NAME	MASON, WILLIAM C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, ROBERT L., JR.	
STREET ADDRESS	9471 BAYMDWS RD, STE 203	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRANGER, HARVEY	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Rebecca B. Jackson* **Rebecca B. Jackson, Asst. Sec. 4-23-97 904/202-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032380

CR2E034 (9/96)