

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

APPROVED
AND
FILED
95 MAR 13 PM 12:43

DOCUMENT # **H55168** (9)

1. Corporation Name
GREIDIN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 56

Principal Place of Business Mailing Address
205 W. MAIN STREET AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/03/1985		3a. Date of Last Report 03/22/1994	
4. FEI Number 59-2634031		Applied For 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	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREEN, WALTER R. 205 W. MAIN STREET AVON PARK FL 33825				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WALTER R.	1.2 NAME	
STREET ADDRESS	1328 E. LAKE LOTELA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARIE D.	2.2 NAME	
STREET ADDRESS	1328 E. LAKE LOTELA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDIN, KENNETH R.	3.2 NAME	
STREET ADDRESS	4619 STURGEON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDIN, DONNA M.	4.2 NAME	
STREET ADDRESS	4619 STURGEON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARY L.	5.2 NAME	
STREET ADDRESS	4923 STURGEON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WALTER K.	6.2 NAME	
STREET ADDRESS	1328 E. LAKE LOTELA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	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 included 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: WALTER R. GREEN *Walter R. Green* 3/7/95 (813) 453-3052
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR