

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K06278** (1)
1. Corporation Name
A. S. GREEN, INC.



Principal Place of Business Mailing Address
**3 SOUTHWEST 39TH CIRCLE
BROOKER FL 32622**

3. Date Incorporated or Qualified **12/10/1987** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-2907823** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **14545 S. W. 155th Avenue** 26 **P. O. Box 116**
Suite, Apt. #, etc.
22 **Brooker, Florida** 27
City & State
23 **32622** 28 **Brooker, Florida**
Zip Country Zip Country
24 **32622** 25 **Bradford** 29 **32622** 30 **Bradford**

9. Name and Address of Current Registered Agent
**GREEN, A. S.
3 SOUTHWEST 39TH CIRCLE
BROOKER FL 32622**

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 fee (if applicable)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GREEN, A.S.	1.2 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	GREEN, MARY JANE	2.2 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	GREEN, DON	3.2 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	
NAME	GREEN, DEBORAH J.	4.2 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	GREEN, DOUG	5.2 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. S. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. S. Green, President

7/24/96

352-485-1149

CR2E034 (3/96)