

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # K06278 (1)

1. Corporation Name  
A. S. GREEN, INC.

Principal Place of Business  
14545 S. W. 155TH AVENUE  
BROOKER FL 32622  
US

Mailing Address  
P. O. BOX 116  
BROOKER FL 32622-0116  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1987		3a. Date of Last Report 07/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2907823		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREEN, A. S. 3 SOUTHWEST 39TH CIRCLE BROOKER FL 32622				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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, A.S.	12 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARY JANE	22 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DON	32 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DEBORAH J.	42 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DOUG	52 NAME	
STREET ADDRESS	3 S.W. 39TH CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 Doug Green, V

4/24/97 352-485-1149

CR2E034 (9/96)