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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90035 044 ***150.00

DOCUMENT # K34596 1. Corperation Name

GREENLEAFS ACCOUNTING SERVICE INC

Principal Place	e of Business	Mailing Address						•••••
3250 TEA ROSE	DRIVE	3250 TEA ROSE D						
JACKSONVILLE FL 32223-2776		JACKSONVILLE FL 32223-2776		DO NOT WRITE IN THIS SPACE				
U\$		US		3. Date Incorporated or Qualifed				
						09/27/1988		
5 Principal Di	lace of Business	2a. Mailing Addre				4. FEI Number	- I A	plied For
− i	lace of Busiliess	26	200			59-2914563	∤— —	t Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.				\$8.75	Additional
22	,,, (10.	27				5. Certificate of Status Desired	☐ Fee R	e quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes the curren		
24	25	29	30			Personal Property Tax.	☐ Yes	,≅No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	gistered Agent	
				81	Name			
	ENLEAF, V. B.			82	Street A	dress (P.O. Bo (Number is Not Acceptabl	e)	
	TEA ROSE DRIVE				Oli Cochi.	A Juless (F.O. DD Chumber is Not Acceptable)		
JACK	(SONVILLE FL 32223			83				
				84	City		85 Zip	Code
				[[•		FL	
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such chang gations of, Section 607.0	ge was autho 0505, Florida	Statutes.	the corpora	rporation submits this statement for the putition's board of directors. I hereby accept t	the appointment as re	egistered
	Signature, typed or printed na ne of registered as		(NOT E: Reg		t signature requ	ADDITIONS/CHANGES TO OFFICE	DATE	DE'S IN 12
12.		AND DIRECTORS	FTE	13.	 -	ADDITIONS/CHANGES TO OFFIC	Change	Addition
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	GREENLEAF, V B							
NAME	AACA TEA DOOF DOUE		•		AODDECO			
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14. I 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 (ii07, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if or a state of the corporation or the receiver of the corporation of the corporation or the receiver of the rec

SIGNATURE:

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/4

904-168-0895

D: ytime Phone #