

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K44995

(4)

1. Corporation Name

GREEN SWAMP GROVE, INC.

Principal Place of Business

17325 OLD STATE RD., 438 (34787)
PO BOX 771399
WINTER GARDEN FL 34777-1399
US

Mailing Address

17325 OLD STATE RD., 438 (34787)
PO BOX 771399
WINTER GARDEN FL 34777-1399
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2920929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONOLEY, E.B. II
17325 OLD STATE RD 438
WINTER GARDEN FL 34787

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 Signature required when non-attorney)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CONOLEY, E B II
STREET ADDRESS	17325 OLD STATE RD. 438
CITY- ST- ZIP	WINTER GARDEN FL
TITLE	D
NAME	DAY, JOHN H.
STREET ADDRESS	1420 W. WASHINGTON
CITY- ST- ZIP	ORLANDO FL
TITLE	CFO
NAME	LEWIN, WILLIAM R.
STREET ADDRESS	308 SHADOWBAY BLVD #214
CITY- ST- ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	P.O. Box 121423	
3.4 CITY- ST- ZIP	Clermont, FL 34712-1423	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	12824 C.R. 561 South	
4.4 CITY- ST- ZIP	Clermont, FL 34712-1423	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or report of 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 1407, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or addition is made with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

System Form 8