FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K44995** **(4)**

1. Corporation Name

GREEN SWAMP GROVE, INC.

Principal Place of Business	Mailing Address
17325 OLD STATE RD.. 438 (34787) PO BOX 771399 WINTER GARDEN FL 34777-1399 US	17325 OLD STATE RD.. 438 (34787) PO BOX 771399 WINTER GARDEN FL 34777-1399 US

2. Principal Place of Business		2a. Mailing Address	
21	931 W. OAKLAND Ave	26	P.O. Box 771399
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	OAKLAND	City & State 28	Winter Garden
Zip 24	34760	Country 25	
Zip 29	34777-1399	Country 30	

3. Date Incorporated or Qualified	3a. Date of Last Report
11/14/1988	05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: CONOLEY E B II

82 Street Address (P.O. Box Number is Not Acceptable)

83: 931 W. OAKLAND

84 City: OAKLAND **FL** 85 Zip Code: 34760

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONOLEY, E B II 17325 OLD STATE RD. 438 WINTER GARDEN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition V E B Conoley 931 W. Oakland Ave Oakland Fl 34760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAY, JOHN H. 1420 W. WASHINGTON ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LEWIN, WILLIAM R. P.O. BOX 12123/C.R. 561 SOUTH CLERMONT FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/3/96 407-656-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)