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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K61591

(9)

THE GREEN GRASSING COMPANY, INC.

FILED Jan 17 1997 8:00am Secretary of State

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•	ce of Business	Mailing Address		TOWNSHIP WITH STREET STREET STREET STREET	
6 E BROADWAY FT MEADE FL 33841		6 E BROADWAY FT MEADE FL 33841-2902		1	
JS	. 55571	US			
				3. Date Incorporated or Qualified 01/27/1989	3a. Date of Last Report 03/06/1996
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2926144	Applied For Not Applicab
Suite, Apt	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stai	ite	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	stangible tax under s. 199.032,
4	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
$\lambda KeG Et$	lly , bettye a		81 Name		
J. BE	BROADWAY		82 Street A	ddress (P.O. Box Number is Not Acceptable	6)
FT I	MEADE FL 33841				
			83		
			100		les 7 - O. d.
			84 City		FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named c	orporation submits this statement for the pu	rpose of changing its registere
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpo	pration's board of directors. I hereby accept	the appointment as registered
	arri amiliar with, and accept the oblig	chons or, Section 607 0505, Fi	Q 11 \	~ V .	1000
SIGNATURE		enl and title if an oldrable (NO	TE Registered Agent signature re	soured when respirating)	DATE
	Signatur, sylector project name or registated ag		TE Registered Agent signature re		DATE ERS AND DIRECTORS IN 12
12.	Signatur, sylector project name or registated ag	enland blemapsicable (NO ID DIRECTORS		squired when (resistating) ADDITIONS/CHANGES TO OFFICE	
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12. TITLE NAME	OFFICERS AN BARNETT, JUDITH KING	ID DIRECTORS	13. 11 TITLE 1.2 NAME		
12. Title Name Street address	OFFICERS AN V BARNETT, JUDITH KING 129 NE 4TH ST	ID DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS		
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14. I do hereby certify that the information supplied with this bling 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: SIGNATURE AD TYPE DOR PRINTED MAJE OF SIGNING OFFICER ON DIRECTOR A. SUKAR Loss Lt 1997 941 285-7557