

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:05

DOCUMENT # **K82051**

(9)

1. Corporation Name

THE MCKENDREE GREENS CORP.

Principal Place of Business

**2067 CALUMET ST
CLEARWATER FL 34625**

Mailing Address

**2067 CALUMET ST
CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1989

3a. Date of Last Report

08/24/1994

4. FEI Number

59-2951789

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**

7. This corporation has liability for a liability tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, WAYNE
2067 CALUMET ST
CLEARWATER FL 34625**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **ROSEN, JACK**
STREET ADDRESS **61 BALZER RD**
CITY, ST, ZIP **KITCHENER, ONTARIO**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

DP
JACK ROSEN
61 BALZER RD.
KITCHENER, ONTARIO

☐ Change ☐ Addition

TITLE **V**
NAME **ROSE, WAYNE**
STREET ADDRESS **2067 CALUMET ST**
CITY, ST, ZIP **CLEARWATER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

V
ROSE, WAYNE
2067 CALUMET ST.
CLEARWATER, FL.

☐ Change ☐ Addition

TITLE **S**
NAME **ROSEN, ALLEN**
STREET ADDRESS **317 ORENDA RD**
CITY, ST, ZIP **BRAMPTON, ONTARIO**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

S
ROSE, WAYNE
2067 CALUMET ST.
CLEARWATER, FL.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 contained 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:

Wayne Rose

WAYNE ROSE

5-25-95 (813) 443-2090

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number