

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90045 044 ***150.00

DOCUMENT # K82712

1. Corporation Name

GREENE'S IRRIGATION AND MAINTENANCE, INC.

Principal Place of Business

% ELLIS GREENE
1165 36TH AVE.
VERO BEACH FL 32960

Mailing Address

% ELLIS GREENE
1165 36TH AVE.
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number
59-2952334

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 % *ELLIS GREENE*
Suite, Apt. #, etc.

22 *4370 2nd Circle*
City & State

23 *VERO BEACH FL*
Zip Country

24 *32968* 25 *USA*

2a. Mailing Address

26 % *ELLIS GREENE*
Suite, Apt. #, etc.

27 *4370 2nd Circle*
City & State

28 *VERO BEACH FL*
Zip Country

29 *32968* 30 *USA*

9. Name and Address of Current Registered Agent

GREENE, ELLIS
1165 36TH AVE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name *ELLIS GREENE*
82 Street Address (P.O. Box Number is Not Acceptable)
4370 2nd Circle
83
84 City *VERO BEACH* FL 85 Zip Code *32968*

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

Ellis Greene

- ELLIS GREENE, DIRECTOR

2/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GREENE, ELLIS**
STREET ADDRESS **1165 36TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE
NAME **GREENE, KATHY**
STREET ADDRESS **1165 36TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **GREENE, ELLIS**
1.3 STREET ADDRESS **4370 2nd Circle**
1.4 CITY-ST-ZIP **VERO BEACH, FL 32968**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **GREENE, KATHY**
2.3 STREET ADDRESS **4370 2nd Circle**
2.4 CITY-ST-ZIP **VERO BEACH, FL 32968**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

SIGNATURE: *Kathy Greene* **KATHY GREENE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 (561) 569-4871

Date

Daytime Phone #

CR2E034 (11/98)