

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83485

B. E. GREENE, INC.

				'			
Principal Place of Business Mailing Address						,	
2075-38TH AVENUE 2075-38TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960			,		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 04/26/1989		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	26				59-2945828	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.	☐Yes ☐No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	ered Agent	
GREENE, BARNETTE E., JR.				Name	*********		
2075-38TH AVENUE				Street Addr	ress (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32960							
				City	FL 85 Zip Code		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the a	ie of changing its registered ippointment as registered	
SIGNATURE	•						
	Signature, typed or printed name of registered ag	, , , , , , , , , , , , , , , , , , ,		nt signature require	od when reinstating) DAT		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D DELETE 1.17					☐ Change ☐ Addition	
NAME	GREENE, BARNETTE E., JR.			İ		·	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change Addition	
NAME	,		2.2 NAME			•	
STREET ADDRESS			2.3 STREE	TADDRESS		· · ·	
CITY-ST-ZIP		, ·	2. 4 CITY-5	ST-ZIP			
NAME	THE STATE OF THE S	☐ DELETE	3.1 TITLE 3.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS	er to to the second of the total of the tota		3.3 STREE	T ADDRESS	the same than the same than the		
CITY-ST-ZIP			3.4. CITY+5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME .			4. 2 NAME				

CITY-ST-ZIP" 12 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

1-12-99- 561-798-42 20
Date Daytime Phone #

Change

☐ Change

Addition

☐ Addition

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90020 012 ***150.00