FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:55

DOCUMENT # L44166 (1)

1. Corporation Name
THE GREENER SIDE, INC.

Principal Place of Business
6050 ANCHORLINE CT
N FT MYERS FL 33917

Mailing Address
6050 ANCHORLINE CT
N FT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 17091 STATE RD.80	26 17091 State RD.80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ALVA, FL	City & State 28 ALVA, FL
Zip 24 33920 · Country 25	Zip 29 33920 · Country 30

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0171811 ☐ 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

WALLACE, CRAIG
6050 ANCHORLINE CT
N FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: DAVID WAllace
82 Street Address (P.O. Box Number is Not Acceptable): 17091 State RD.80
83
84 City: ALVA FL 85 Zip Code: 33920

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: David K Wallace DATE: 3/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	WALLACE, CRAIG	1.2 NAME	DELETE
STREET ADDRESS	6050 ANCHOIRLINE COURT	1.3 STREET ADDRESS	
CITY ST ZIP	N. FORT MYERS FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	WALLACE, DAVID	2.2 NAME	
STREET ADDRESS	6888 HARTLAND ST	2.3 STREET ADDRESS	17091 State RD.80
CITY ST ZIP	FORT MYERS FL	2.4 CITY ST ZIP	ALVA, FL 33920
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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: David K Wallace 3/24/95 (813) 728-3149

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