

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L44166** (1)

1. Corporation Name

THE GREENER SIDE, INC.



Principal Place of Business

**17091 STATE ROAD 80
ALVA FL 33920
US**

Mailing Address

**17091 STATE ROAD 80
ALVA FL 33920
US**

3. Date Incorporated or Qualified
01/18/1990

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, DAVID
17091 STATE ROAD 80
ALVA FL 33920**

81 Name **David K. 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 607.0503, Florida Statutes.

SIGNATURE

David K. Wallace

(NOTE: Registered Agent signature required when re-registering)

3/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **V** ☐ DELETE
12 NAME **WALLACE, DAVID**
13 STREET ADDRESS **17091 STATE ROAD 80**
14 CITY-ST-ZIP **ALVA FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ DELETE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

SIGNATURE: *David K. Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (941) 728-3149

CR2E034 (12/95)