PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L64594 1. Corporation Name

GROUNDS BY GREEN WAYS, INC.

mata ata at	m	-4	Dustance
Principal	Place	OΤ	Business

Mailing Address

P.O. BOX 394

P.O. BOX 394 SANIREL EL 23057

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90253 012 ***150.00



SAMIDEL FL 33	33 7	ONNIOLE 1E 30007			İ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1990				
2. Principal P	rincipal Place of Business 2a. Mailing Address					4. FEI Number		Applied For		
21	26				59-300	9313		N	t Applicable.	
Suite, Apt.					5. Certifcate	of Status Desired		•	Additional equired	
City & Stat					6. Election	Campaign Financing		\$5.00	May Be	
23	_	28				nd Contribution			to Fees	
Zip	Country	Zip				oration owes the curr	ent vear Inta	ngible		
24	25	29 30				Personal Property Tax.				
24	9. Name and Address of Curre		1		10. Name ar	d Address of New F	Registered A	gent		
	5. Name and Addition		81	Name	. 100					
WAL	TON, ROBERT W.	•	<u> </u>							
	MAIN STREET		82	Street Address (P.O. Box Number is Not Acceptable)						
SANIBEL FL 33957			83	 						
OAN	IDEL I E COOT		83	1						
			84	City			FL	85 Zip	Code	
11 Duraugai	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	s, the abov	e-named	corporation submits	this statement for the		changing its	registered	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corp 3.	oration's board of dire	ectors. I hereby accep	ot the appoin	tment as re	egistered	
SIGNATURE							DATE			
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		nt signature	required when reinstating)	IS/CHANGES TO OF		D DIRECTO	DRS IN 12	
12.		ND DIRECTORS	13.		ADDITION	IS/CHANGES TO OF	FICERS AIN	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE					onlango		
NAME	WALTON, ROBERT W.		1.2 NAME		į					
STREET ADDRESS	936 MAIN ST		1.3 STREE	T ADDRESS						
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-S	ST-ZIP	<u> </u>					
TITLE	VSD .	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	WALTON, CHELLE K.	· ·	2.2 NAME		Ì					
STREET ADDRESS	COO SAAINI OT	· · ·	2.3 STREE	T ADDRESS		_	` -			
	SANIBEL FL		2. 4 CITY-							
CITY-ST-ZIP	OANIDELTE	☐ DELETE	3.1 TITLE	01-4,0				☐ Change	☐ Addition	
TITLE			3.2 NAME					Ť		
NAME									•	
STREET ADDRESS				T ADDRESS]					
CITY-ST-ZIP		C severe	3.4. CITY-	ST-ZIP				Change	Addition	
TITLE	,	☐ DELETE	4.1 TITLE						T Logition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS	3				•	
CITY-ST-ZIP			4.4 CITY-9	ST-ZIP					pm	
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS	s	-				
CITY-ST-ZIP	REPORT OF THE		5.4 CITY-S	ST-ZIP						
TITLE ***	18 1 Jan 20 2	☐ DELETE	6.1 TITLE	_	-			☐ Change	☐ Addition	
NAME STATE	OF STARLS	_	6.2 NAME							
HANC	}		1	T ADDRESS	;					
STREET ADDRESS										
CITY_ST_7IP	I		6.4 CITY-5	51-ZIP	1					

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:

941.472.4893