

**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 # **L88169** (2)

1. Corporation Name  
**GREENKING GROUNDS SERVICE, INC.**



Principal Place of Business  
**1405 SNOWDEN ST  
OCOEE FL 34761**

Mailing Address  
**1405 SNOWDEN ST  
OCOEE FL 34761**

3. Date Incorporated or Qualified **07/16/1990** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business  
21 **328 Maguire Rd.**

2a. Mailing Address  
26 **328 Maguire Rd.**

4. FEI Number  
**59-3022269**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **Ocoee, FL**

City & State  
28 **Ocoee, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
24 **34761** 25

Zip Country  
29 **34761** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KING, RICHARD A.  
1405 SNOWDEN ST  
OCOEE FL 34761**

10. Name and Address of New Registered Agent  
81 Name **Charles D. King**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**328 Maguire Rd.**  
83  
84 City **Ocoee** 85 Zip Code **FL 34761**

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 *Charles D King* **Charles D King** President **4-17-96**  
Signature, typed or printed name of corporation agent and date of appointment (Date of Registered Agent Signature Required Under s. 607.1508)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KING, RICHARD A.</b>	
STREET ADDRESS	<b>1405 SNOWDEN ST</b>	
CITY-ST-ZIP	<b>OCOEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Charles D. King</b>	
2.3 STREET ADDRESS	<b>698 Marlene Dr.</b>	
2.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
3.1 TITLE	<b>D VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Denise A. King</b>	
3.3 STREET ADDRESS	<b>698 Marlene Dr.</b>	
3.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Charles D King* **Charles D King** **4-6-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)