

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Metham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P25129 (8)**

1. Corporation Name  
**THE GREEN LAND DEVELOPMENT COMPANY OF PENNSYLVANIA**



Principal Place of Business  
**PO BOX 825  
CARRABELLE FL 32322-0825  
US**

Mailing Address  
**PO BOX 825  
CARRABELLE FL 32322-0825  
US**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 County  
25

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 County  
30

3. Date Incorporated or Qualified **07/11/1989**  
3a. Date of Last Report **05/01/1995**  
4. FEI Number **25-1597646**  
Applied For Not Applicable  
5. Certificate of State... 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. 190.032, Florida Statutes.  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**ROUTA, ROBERT A.  
P.O. BOX 1600, HIGHWAY 319  
CRAWFORDVILLE FL 32327**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation has adopted this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I, the undersigned, am a member of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> OFFICER
NAME	GREEN, JAMES A.	
STREET ADDRESS	P.O. BOX 825, RT. 98 W N/A	
CITY-STATE-ZIP	CARRABELLE FL	
TITLE	VD	<input type="checkbox"/> OFFICER
NAME	GREEN, JAMES A. JR.	
STREET ADDRESS	1000A S. WASHINGTON ST.	
CITY-STATE-ZIP	EVANS CITY PA	
TITLE	STD	<input type="checkbox"/> OFFICER
NAME	GREEN, NANCY A.	
STREET ADDRESS	P.O. BOX 825, RT. 98 W N/A	
CITY-STATE-ZIP	CARRABELLE FL	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JAMES A. JR.	
STREET ADDRESS	196 NORTH RD	
CITY-STATE-ZIP	BUTLER, PA 16001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, furnished and does not qualify for the exemption stated in Section 19.07, Florida Statutes. I further certify that the information included on this annual report or supplement is correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trust or trustee designated to receive the report filed in compliance with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in the filing.

SIGNATURE: *James A. Green* **JAMES A. GREEN** 1/26/96 904/697-3133

CR2E034 (12/95)