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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000008871 (5)**

1. Corporation Name
THE GREENSKEEPER, INC.

Principal Place of Business
P.O. BOX 1241
GOLDENROD FL 32733

Mailing Address
P.O. BOX 1241
GOLDENROD FL 32733-1241

3. Date Incorporated or Qualified: **11/30/1992**
3a. Date of Last Report: **04/25/1996**

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

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

4. FEI Number: **59-3151538** — 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
TAYLOR, JAMES T
5473 BAYTOWNE PLACE
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name: James T Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 2433 Pear Tree Court
83
84 City: Orlando FL 85 Zip Code: 32807

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: [signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☐ DELETE	1.1 TITLE	☒ Change ☐ Additio
NAME	TAYLOR, JAMES T	1.2 NAME	
STREET ADDRESS	5473 BAYTOWNE PLACE	1.3 STREET ADDRESS	2433 Pear Tree Court
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	Orlando, Fl 32807
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐
NAME	TAYLOR, KIMBERLY R	2.2 NAME	
STREET ADDRESS	5473 BAYTOWNE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Ch
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further c 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] James T. Taylor — 2/15/97 — 407-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone