

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 06 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **7170 Memory Lane**

Suite, Apt. #, etc.

22

City & State

23 **Orlando, FL**

Zip

24 **32807**

Country

25 **Orange**

2a. Mailing Address

26 **7170 Memory Lane**

Suite, Apt. #, etc.

27

City & State

28 **Orlando, FL**

Zip

29 **32807**

Country

30 **Orange**

9. Name and Address of Current Registered Agent

TAYLOR, JAMES T
2433 PEAR TREE COURT
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

Taylor, James T

82 Street Address (P.O. Box Number is Not Acceptable)

7170 Memory Lane

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **TAYLOR, JAMES T**
STREET ADDRESS **2433 PEAR TREE COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SECRETARY** ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7170 Memory Lane
Orlando, FL 32807

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY
ANGEL TAYLOR
7170 MEMORY LANE
ORLANDO, FL 32807

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

James T. Taylor **WRED**

1/28/98

CR2E034 (10/97)