

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

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P93000013208 (2)

1. Corporation Name

GREEN SCAPES, INC. OF SOUTH FLORIDA

Principal Place of Business

4321 KIRBY LOOP RD
FT PIERCE FL 34982

Mailing Address

4321 KIRBY LOOP RD
FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

4. FEI Number

65-0383169

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 5391 S. 25TH ST.

Suite, Apt. #, etc.

22

City & State

23 FT. PIERCE, FL

Zip

24 34981

Country

2a. Mailing Address

26 5391 S. 25TH ST.

Suite, Apt. #, etc.

27

City & State

28 FT. PIERCE, FL

Zip

29 34981

Country

30

9. Name and Address of Current Registered Agent

OWENS, JOHN R JR
4321 KIRBY LOOP RD
FT PIERCE FL 34981

10. Name and Address of New Registered Agent

81 Name

OWENS, JOHN R. JR.

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

5391 S. 25TH ST.

83

84

City FT. PIERCE

FL

85

Zip Code 34981

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

John Owens John Owens President

1-13-98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DPT
NAME OWENS, JOHN R JR
STREET ADDRESS 5391 S 25 ST
CITY-ST-ZIP FT PIERCE FL

TITLE DVPS
NAME OWENS, SHELLY
STREET ADDRESS 5391 S 25 ST
CITY-ST-ZIP FT PIERCE FL

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

John Owens

1-13-98

Shelly Owens

CR2E034 (10/97)