

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:21

DOCUMENT # P93000026856 (3)

1. Corporation Name

GREEN FLORIDA LAND MANAGEMENT, INC.

Principal Place of Business

Mailing Address

585 EAST SUMMERLIN ST
BARTOW FL 33830
US

P O BOX 958
BARTOW FL 33830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

05/24/1994

4. FBI Number

59-3179839

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33831

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, DONALD H JR.
150 E. DAVIDSON ST.
BARTOW FL 33830

81 Name

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

83

84 City

FL

85

Zip Code

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

Corporation (typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	-D-
NAME	BRYAN, PHILIP
STREET ADDRESS	585 E. SUMMERLIN
CITY- ST- ZIP	BARTOW FL 33830
TITLE	-D-
NAME	BRYAN, JAMES L
STREET ADDRESS	435 E. CONANT ST.
CITY- ST- ZIP	BARTOW FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1. TITLE	P D	☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
5. TITLE	V D	☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. 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 190.03(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the manager or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Philip R. Bryan

02/03/95 (813) 533-4111