

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

FILED

Apr 09 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. McManamy</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P93000037140 (9)**

1. Corporation Name

**GREEN AKERS OF PASCO, INC.**

Principal Place of Business

**9931 OLD LAKELAND HIGHWAY  
DADE CITY FL 33526-1641**

Mailing Address

**9931 OLD LAKELAND HIGHWAY  
DADE CITY FL 33526-0702**

3. Date Incorporated or Qualified

**05/24/1993**

3a. Date of Last Report

**04/25/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**59-3189364**

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

**GREEN, ROY L  
9931 OLD LAKELAND HIGHWAY  
DADE CITY FL 33526-1641**

10. Name and Address of New Registered Agent

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

*Roy L Green*

(NOTE: Registered Agent signature required when reinstating)

**2-27-97**

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |  |
|-----------------|------------------------|--|
| TITLE           | PTS                    | <input type="checkbox"/> DELETE            |
| NAME            | GREEN, ROY L.          |  |
| STREET ADDRESS  | 9931 OLD LAKELAND HWY. |  |
| CITY - ST - ZIP | DADE CITY FL           |  |
| TITLE           | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | OSBORNE, HARRY K.      |  |
| STREET ADDRESS  | 38239 PEAR CT          |  |
| CITY - ST - ZIP | ZEPHYRHILLS FL         |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roy L Green* *Owner/Pres*

Date

**4/9/97**

Daytime Phone #

0349601

CR2E034 (9/96)