

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038601 (9)

1. Corporation Name

GREEN SCHEMES, INC.

Principal Place of Business

12155 MESA VERDE TRAIL
JACKSONVILLE FL 32223

Mailing Address

12155 MESA VERDE TRAIL
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 06/27/1994
4. FEI Number 59-3182083	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

PRESCOTT, LAURIE M
12155 MESA VERDE TRAIL
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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

Laurie M. Prescott, President Laurie M. Prescott, Pres. 4/17/95

Signature, typed or printed name of registering agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESCOTT, LAURIE	1.2 NAME	
STREET ADDRESS	12155 MESA VERDE TRL	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PRESCOTT, THOMAS	2.2 NAME	
STREET ADDRESS	12155 MESA VERDE TRL	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	PRESCOTT, LAURIE	3.2 NAME	
STREET ADDRESS	12155 MESA VERDE TRL	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addendum.

SIGNATURE:

Laurie M. Prescott, President Laurie M. Prescott 4/17/95 904/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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