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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

City & State

SIGNATURE:

22

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000056261 (9)

FLORIDA GREEN OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address	
4104 SPARROW CT. LUTZ FL 33549	4104 SPARROW CT. LUTZ FL 33549	DO NOT WRIT
		3. Date Incorporated or Qualified 08/09/1993
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3193753

27

28

Suite, Apt. #, etc.

City & State

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Ø

59-3193753

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Applied For

\$8.75 Additional

Feø Required

\$5.00 May Be

Added to Fees

Not Applicable

Zιρ		Country	Zip	_	Counti	ry						wes or has p			
24	25		29		30							Tax due Jun			No
9. Name and Address of Current Registered Agent						_			10.	Name and	Addre	ss of New R	egistered	Agent	
	SBURGH, PHI				8-	1	Name								
4104 SPARROW CT.					8:	2	Street A	ddres	s (P.0	D. Box Nu	mber is	Not Accepta	ible)		
LUTZ FL 33549				83	3										
					L										
					84	4	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE															
12.		OFFICERS AND			13.						CHAN	ES TO OFFI		DIRECTOR	S IN 12
TITLE	DP			DELETE	1.1 TITLE									Change	Addition
NAME	VOSBURGI	H. PHILIP L			1.2 NAME	Ε	İ								
STREET ADDRESS	4104 SPAR	•			1.3 STREE	ET A	DDRESS					1			
CITY-ST-ZIP	LUTZ FL 33	3549			1.4 CITY-	-\$T-	- ZIP								
TITLE	DST			DELETE	2.1 TITLE									Change	Addition
NAME	VOSBURGH	H, K C			2.2 NAME	•						:			
STREET ADDRESS	4104 SPAR	RROW CT.			2.3 STREE	et ai	ODRESS					i I			ĺ
CITY - ST - ZIP	LUTZ FL 33	3549			2 4 CiTY	-st	- ZIP					·			
TITLE	•		Ц	DELETE	3.1 TITLE					ř-				Change	☐ Addition
NAME					3.2 NAME	Ē	Ì								
STREET ADDRESS					3.3 STREE	et al	DORESS			ų.		1			
CITY - ST - ZIP					3.4. CITY-		-ZIP								1 1 1 1 1 1 1 1 1
TITLE			니	DELETE	4.1 TITLE		- (LI Change	⊥ Addition
NAME					4. 2 NAME										ļ
STREET ADDRESS					4.3 STREE		- 1					1			
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - 5.1 TITLE		ZIP			-12		<u> </u>		Change	Addition
NAME				Direct	5.1 HILE 5.2 NAME		ļ							onlinge	
STREET ADDRESS					5.3 STREE		DODESS								
- "					5.4 CITY -										
CITY-ST-ZIP				DELETE	6.1 TITLE		ZIF .		-					Change	Addition
NAME			_		6.2 NAME		}								
STREET ADDRESS					6.3 STREE		DDRESS								
CITY-ST-ZIP					6.4 CITY-										
14. I hereby o	ertily that the in	formation supplied with	this filing does n	ot qualify for	the exemp	ptic	on stated	in Se	ction	119.07(3)	(i), Flori	da Statutes.	further ce	rtify that the	Information
indicated of officer or of Block 12 o	on this annual re director of the co	formation supplied with eport or supplemental a crooration or the receive nanged, or on an attach	innual report is treer or trusted emp	ue and accur owered to ex lress	ate and the ecute this	nat s re	my sign port as r	ature s equire	shali l id by	nave the s Chapter 6	ame le 607, Flo	gai effect as i rida Statutes;	if made un and that r	der oath; tha ny name app	it i am an bears in
UNDER 12 U	A	iangua, or any an argun										}			. N

JE REQUIRED