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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006465 (6)

GREEN MEADOW ENTERPRISES, INC.

Principal Place of Business Mailing Address 1800 SECOND ST 2030 BEE RIDGE RD SUITE 797 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 3. Date Incorporated or Qualified 01/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. Box 17787 Suite, Apt. #, etc. 26 P.O. BOX 17787 Not Applicable 21 59-1360559 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Saraso ta Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible Yes 30 ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CAMPISANO, ANTHONY W Street Address (P.O. Box Number is Not Acceptable 1800 SECOND ST 82 SUITE 753 TUTTLE 83 SARASOTA FL 34236 84 Zip Code 342.37 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 bolb-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 agreet the obligations of, Section 607.0505, Florida Statutes. La **SIGNATURE** regetered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE D 1.1 TITLE Change EGGERS, L W NAME 1.2 NAME 1800 SECOND ST SUITE 797 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Спалое Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: 2 Venda Essero (L. Wesley Eggers) 4-23-98 941-924-1

6.4 CITY-ST-ZIP

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