

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024114 (8)

1. Corporation Name

GREEN EARTH HOLDINGS II, INC.



Principal Place of Business

1010 EAST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

POST OFFICE BOX 4069
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3232420

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

1600 Independent Square

1600 Independent Square

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREIS, ROBERT R
1010 EAST ADAMS STREET
JACKSONVILLE FL 32202

81 Name

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

1600 Independent Square

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
LOVETT, W RADFORD II
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
WILLIAMS, L D
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
KREIS, ROBERT R
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
LOEB, KATHARINE L
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
LOVETT, PHILIP H
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
LOVETT, LAUREN D
STREET ADDRESS
1010 EAST ADAMS ST
CITY-ST-ZIP
JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
1600 Independent Square
32202

TITLE ☐ DELETE

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 119.07(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 address.

SIGNATURE: *L Williams* Vice Pres./Tres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 9046345808

Date

Daytime Phone #

CR2E034 (12/95)