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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000048588 (5)

GREEN IDEAS, INC.

Principal Place of Business Mailing Address 3954 CORDOVA AVE. 3954 CORDOVA AVE. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8019 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1994 12/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3391897 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yoo Zip 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WADE, LEWIS I JR 3954 CORDOVA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City Zip Code 85 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. ewis I. Wood Presio SIGNATURE egistered agont and title if applica 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change WADE, LEWIS I JR NAME 1.2 NAME 3954 CORDOVA AVE. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE \_\_\_ Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-2IP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TOTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

FILED Feb 11 1997 8:00am Secretary of State



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 DIRECT

2 47 904-3969741 Date Dayline Proce # 0000012