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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000055106 (6)

**ECO GREEN CORPORATION** 

**FILED** Feb 26 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					i iābisant tin iātit ātātt ābis natit ā	Atti Alibi Rsi	DI MITO TIBUL D	Acid Bill (80)	
8075 CANYON LAKE CIR 8075 CANYON LAKE CIR			A						
ORLANDO FL	. 32835	ORLANDO FL 32835				DO NOT WRITE IN THIS SPACE			
ļ						3. Date Incorporated or Qualified			
]						07/26/1994			İ
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		- IAI	oplied For
21		26				59-3266259		No	ot Applicable
Suite, Apt	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П		Additional	
22		27				5. Continuate of Dialog Beamed			equired
City & State	l	City & Stato				6. Election Campaign Financing			May Be
Zip	Country	Zip Country				Trust Fund Contribution			to Fees
24	25]	29	30	шу		This corporation owes or has participated and Property Tax due June	~		tangible   ] No
241	9. Name and Address of Curren	. 1 - 1	30			10. Name and Address of New Re			
CO	MBS, ROBERT W			81	Name		•		
8075 CANYON LAKE CIRCLE ORLANDO FL 32835					Out and district	(0.0 0 No. 10 No	-1-5		
			l'	82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
			Ţ	83	···				
			Ī	84	City		FL	85 Zip	Code
dd Dyraydal I	o the gamelalana of Postiona (OZ OLO)	Loud (V)7 14 00 Florido Pioto	loo lbo ob		nomed sore	oration as builts this statement for the		ebonolog i	to registered
11. Pursuant to the provisions of Sections 607.05.02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, bysed or printed name of required in pe			Agen	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D DILETE			1.1 TIFLE				Change	Addition
NAME	COMBS, ROBERT W 8075 CANYON LAKE CIR		1.2 NAA						
STREET ADDRESS	ORLANDO FL 32835		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
CITY-ST-2IP TITLE			2 1 TITU		- ZIP			Change	Addition
NAME	BELL. JOHN		22 NAME					vgc	]
STREET ADDRESS	908 G LAKE DESTINY RD		4		ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL								
TITLE	TD	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE					Change	Addition
NAME	COMBS, RONALD W		3 2 NAME						
STREET ADDRESS	3006 CULLEN LAKE SHORE	DRIVE			address				
CITY - ST - ZIP	Amustana di acces			Y-ST	- F				
TITLE				E				Change	Addition
NAME			4. 2 NA	4. 2 NAME					İ
STREET ADDRESS	EET ADDRESS		4.3 STR	4.3 STREET ADDRESS					
CITY-ST-ZIP	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			4.4 CITY-ST-ZIP					
TITLE				.E	T			Change	Addition
NAME	ME			5.2 NAME					ľ
STREET ADDRESS 5.			5.3 STR	EET A	UDDRESS				
CITY-ST-ZIP		····	5.4 C(T		- ZIP			T-1 ~:	1 1 1 2 2 2
TITLE		☐ DELETE	6.1 T(T)					Change	Addition
NAME			6.2 NAM			•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		X-11-77-77	64 CIT			Section 110 07/3Vi) Florida Statutes			

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 an usal 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.

Robert W. Combs

407/425-1200

SIGNATURE: