SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055106

Country

9. Name and Address of Current Registered Agent

25

COMBS, ROBERT W

8075 CANYON LAKE CIRCLE ORLANDO FL 32835

ECO GREEN CORPORATION

Principal Place of Business 8075 CANYON LAKE CIR ORLANDO FL 32835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

23

24

Mailing Address

8075 CANYON LAKE CIR

ORLANDO FL 32835

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

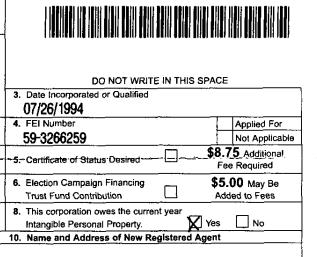
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FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90014 025 ***550.00



85

Zip Code

Country

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83 84 City

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or 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 Slansture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECT			S IN 12
TITLE	D DELETE		13.	ADDITIONOR	SHANGES TO OTT TO ETTE	Change	Addition
NAME	COMBS, ROBERT W	DELETE	1.2 NAME			Cliange	Acuition
STREET ADDRESS :	8075 CANYON LAKE CIR		1.3 STREET ADDRESS				
CITY-ST-2IP	ORLANDO FL 32835		1.4 CITY-ST-ZIP				
TITLE	V	DELETE	2.1 TITLE		,,,,,,,,	Change	Addition
NAME	BELL, JOHN	DELETE	2.2 NAME				
STREET ADDRESS	908 G LAKE DESTINY RD		2.3 STREET ADDRESS	4			i
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	TD	DELETE	3.1 TITLE			Change	Addition
NAME	COMBS, RONALD W	_	3.2 NAME				
STREET ADDRESS	3006 CULLEN LAKE SHORE DRIVE		3.3 STREET ADDRESS				•
CITY-ST-ZIP	ORLANDO FL 32812		3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		***************************************	Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

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

(401) 857-595P