

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

APR 20 1995

DOCUMENT # P94000061874 (1)

1. Corporation Name

GREEN OAK OF COLLIER COUNTY, INC.

SEARCHED INDEXED

RECEIVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3240 COLLEE CT NAPLES FL 33962	3240 COLLEE CT NAPLES FL 33962

2. Principal Place of Business	2a. Mailing Address
21 545 E. GOODLAND DR	26 P.O. BOX 546
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 6000 LAND, FL 33933	28 6000 LAND, FL
24 33933	25 COLLIER
29 33933	30 COLLIER

3. Date Incorporated or Qualified	3a. Date of Last Report
08/23/1994	
4. FEI Number	Applied For
65-0513323	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for unexplained loss under 5-199-022, Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent	
WEISS, FRANK 2700 E BAY DR #107 LARGO FL 34641	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 607.01 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, as shown on the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent I am before you, and in full of the requirements of Section 607.01, Florida Statutes.

SIGNATURE: *Frank Weiss* DATE: *4/1/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	P.O. JEROME NOSS 716 SHORE DRIVE OLDSMAR, FL 34677	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. NAME	☐ Change ☐ Addition
CITY		8. NAME	☐ Change ☐ Addition
STATE		9. NAME	☐ Change ☐ Addition
ZIP		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. NAME	☐ Change ☐ Addition
CITY		13. NAME	☐ Change ☐ Addition
STATE		14. NAME	☐ Change ☐ Addition
ZIP		15. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.02(9)(a), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or liquidator appointed to oversee this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or 3 of this filing. I am not a director or officer of the corporation.

SIGNATURE: *Jerome Noss* DATE: *4/1/95*