SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 OCT -4 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

DOCUMENT # P94000061874 (1)

1. Corporation Name
GREEN OAK OF COLLIER COUNTY, INC.

Principal Place of Business
545 E. GOODLAND DR.
GOODLAND FL 33933
US

Mailing Address
P.O. BOX 546
GOODLAND FL 33933
US

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0513323 (Applied For / Not Applied)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 2730 GRAND BLVD.
Suite, Apt. #, etc. 22
City & State 23 HOLIDAY, FLORIDA
Zip 24 34690 Country 25 PASCO

2a. Mailing Address
26 2730 GRAND BLVD.
Suite, Apt. #, etc. 27
City & State 28 HOLIDAY, FLORIDA
Zip 29 34690 Country 30 PASCO

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 JOSEPH DETTORE
82 Street Address (P.O. Box Number is Not Acceptable) 2730 GRAND BLVD
83
84 City HOLIDAY FL 85 Zip Code 34690

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 J. Dettore DATE 10/4/96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where name is changed)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SYMONDS, ELIZABETH	
STREET ADDRESS	2625 SR-590 #2523	
CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Add
1.2 NAME	DETTORE, JOSEPH	
1.3 STREET ADDRESS	2730 GRAND BLVD	
1.4 CITY-ST-ZIP	HOLIDAY, FL 34690	
2.1 TITLE	V, T, S, D	☒ Change ☐ Add
2.2 NAME	SYMONDS, ELIZABETH	
2.3 STREET ADDRESS	2625 SR-590 #2523	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****61.25 *****61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE J. Dettore 10/4/96 813-639-0895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01697111 FN