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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT #** 

1. Corporation Name

SIGNATURE:

P95000003681 (0)

## **GREENRIDGE CORPORATION**

Principal Place	of Business	Mailing Address	dress		- 1 samerada ved saint dutit ambit maint saint			
50 N. LAU		50 N. LAURA ST.						
SUITE 280 JACKSON	JU Ville fl 32202	SUITE 2900 JACKSONVILLE FL 32202						
<i>37.0.</i> (00)	VIELE TE VIEVE	UNIONWILL TE	. SEEGE		3. Date Incorporated or Qualified 01/13/1995	3a. Date o	f Last R	leport
	ace of Business	2a. Mailing Address	1		4. FEI Number	·	-T-T	Applied For
	Beach Boulevard	26 8046 Beach	ı Boulevar	59-3300867			Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	5 Additional
22		27				LJ	Fee	Required
City & State	sonville, Florida	City & State 28 Jacksonvil	lo Flord	4.	6. Election Campaign Financing			<b>0</b> May Be
Zip	Country	ZID ZID	Country	<del>ua</del>	Added to Fees			
24 3221	, h	25 Duval 29 32216 30 Duval			<ol> <li>This corporation has liability for intangible tax under single 199.032,</li> <li>Florida Statutes</li></ol>			
24	Jau Duva	0 Duva1 Florida Statutes ★★ Yes No  10. Name and Address of New Registered Agent						
	9. Name and Address of Curren		81 1	Vanne		ogistorou Ag		
BUCK								
	LAURA ST.		82 Street Ad		ress (P.O. Box Number is Not Acceptab	le)		
SUITE			83			****		
	SONVILLE FL 32202							
VIOLOGITICAL I E GALVE			84 (	Dity		FL	85 Z	p Code
11. Pursuant to	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the above-nar	ned corpor	ration submits this statement for the pur	nose of chang	ing its r	registered office
or registers	ed agent, or both, in the State of Floric th, and accept the obligations of, Section	da. Such change was authoria	zed by the corpora	ation's boar	rd of directors. I hereby accept the appoint	bintment as re	gisterec	agent I am
	in, and doop! the obligations of, door	on oor loodo, nonda otatote.	· .		•			
SIGNATURE _	Signature, typed or printed name of registered agent i	and title if an pileable (N	OTE: Registered Agent se	gnature required	d when re-nstating)	DATE		
12.	OFFICERS AND	) DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IFIE CTC	ORS IN 12
THLE	DP	DELETE	1 · TITLE				Change	☐ Addition
NAME	Tena P. Ruby		12 NAME					
STREET ADDRESS	105 Meeting Way		13 STREET AD	DRESS				
CITY - ST - ZIP	Ponte Vedra Beach,	14 CITY-ST-ZIP						
TITLE	DVPST	DELETE	2 1 TITLE				Change	☐ Addition
NAME	Paul M. Ruby		2.2 NAME					
STREET ADDRESS	105 Meeting Way		23 STREET AD	DRESS				
CITY - ST - ZIP	Ponte Vedra Beach,	2 4 CITY-ST-ZIP						
TITLE	13110 (1311 3510),	DELETE	3 1 TITLE	1			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET AD	DRESS				
CITY-ST-ZIF		DELETE	3.4 C/TY - ST - 2	'IP				
TITLE		4. 1 TITLE				Change	☐ Addit∗on	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET AD	DRESS				
CHTY - ST - ZIP		C DUETC	4.4 CiTY - ST - 2	IP.			<del>_</del>	
IIILF		☐ DELETE	5 1 TITLE			اسا	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET AD	DRESS				
CITY-ST-ZIP			5 4 CITY - ST - Z	IP			0)	
TITLE		DELFTE	6 1 TITLE			ப	Change	Addition
NAME SERVE ADDRESS			6 2 NAME					
STREET ADDRESS			6 3 STREET AD	1				
14. Ldo hereby	Lv certify that the information supplied w	with this filing is voluntarily for	6.4 CITY-ST-2	ot qualify fo	or the exemption stated in Section 119.	07/31/k) Florid	a Statu	toe Lifurther
certify that path; that I	the information indicated on this annu I am an officer or director of the corpet	al report or supplemental and from or the receiver or truste	nual report is true a ee empowered to i	and accurat	of the exemplion stated in Section 119. Ite and that my signature shall have the is report as required by Chapter 607, Fk	same lenal eff	ect as it	finsade under
appears in	Biock 12 or Block 13 if changed, or o	attachment with an add	ITESSE /		. /			