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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030059 (6)

1. Corporation Name

TIERRA VERDE, INC.

TALLAHASSEE, FLORIDA



Principal Place of Business

1819 KINGS AVE. 1550 N. ELLIS RD
JACKSONVILLE FL 32207-32205

Mailing Address

1819 KINGS AVE. PO Box 28751
JACKSONVILLE FL 32207-8727 32224

2. Principal Place of Business

21 1550 N. ELLIS Rd

2a. Mailing Address

26 PO Box 28751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

Country

24 32205 25 USA

Zip

Country

29 32224 30 USA

9. Name and Address of Current Registered Agent

HANSON, KARL B JR.
50 N. LAURA ST.
SUITE 2800
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3313264

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

4-22-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
BRESLIN, GEORGE
STREET ADDRESS 1819 KINGS AVENUE P
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME ST
SCOTT, CARYN
STREET ADDRESS 1819 KINGS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

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 ☒ Change ☐ Addition

1.2 NAME Breslin, George

1.3 STREET ADDRESS PO Box 28751, 1550 N. ELLIS RD

1.4 CITY-ST-ZIP JACKSONVILLE FL 32224

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ST

2.3 STREET ADDRESS Scott, Caryn

2.4 CITY-ST-ZIP 7883 Palomino Tr

JACKSONVILLE, FL 32244

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 400002218514--0

3.3 STREET ADDRESS -06/20/97--01077--008

3.4 CITY-ST-ZIP *****130.00 *****130.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 400002218514--0

4.3 STREET ADDRESS -06/20/97--01077--009

4.4 CITY-ST-ZIP *****35.00 *****35.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

4-22-97

CR2E034 (9/96)