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FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000045030 (0)

1. Corporation Name

GREENLEAF INDUSTRIES, INC.



Principal Place of Business
12 RIVERDALE AVENUE
ORMOND BEACH FL 32174

Mailing Address
12 RIVERDALE AVENUE
ORMOND BEACH FL 32174-4826

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21. 1 JOHN ANDERSON DR.

Suite, Apt. #, etc.

22. #603

City & State

23. ORMOND BEACH, FL

Zip

24. 32176

Country

25. VOLUSIA

2a. Mailing Address

26. 1 JOHN ANDERSON DR.

Suite, Apt. #, etc.

27. #603

City & State

28. ORMOND BEACH, FL

Zip

29. 32176-5789

Country

30. VOLUSIA

4. FEI Number
59-3318773

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

9. Name and Address of Current Registered Agent

HALLING, MARTHA G
12 RIVERDALE AVENUE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81. Name

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

1 JOHN ANDERSON DR.

83. #603

84. City

ORMOND BEACH

FL

85. Zip Code

32176-5789

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

Martha G. Halling

1-10-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

0

☐ DELETE

NAME
HALLING, MARTHA G
STREET ADDRESS
12 RIVERDALE AVENUE
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1 JOHN ANDERSON DR. #603

ORMOND BEACH, FL 32176-5789

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Martha G. Halling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

DATE

904 677-9555

DAYTIME PHONE #

CR2E034 (9/96)