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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050108 (6)

1. Corporation Name

GREEN DOLLAR SOD, INC.



Principal Place of Business

Mailing Address

8440 SE CITRUS WAY
HOBE SOUND FL 33455

8440 SE CITRUS WAY
HOBE SOUND FL 33455-7108

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

07/02/1996

2. Principal Place of Business

21 8498 FERN STREET

2a. Mailing Address

26 8498 FERN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 HOBE SOUND FL

City & State

28 HOBE SOUND FL

Zip

24 33455

Country

25 MARTIN

Zip

29 33455

Country

30 MARTIN

9. Name and Address of Current Registered Agent

PARKS, EMORY Z SR
8440 SE CITRUS WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name PARKS, EMORY Z, SR.
82 Street Address (P.O. Box Number is Not Acceptable)
8498 FERN STREET
83
84 City HOBE SOUND FL 85 Zip Code 33455

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-97

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	PARKS, EMORY Z	
STREET ADDRESS	8440 SE CITRUS WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARKS, EMORY Z	
1.3 STREET ADDRESS	8498 FERN STREET	
1.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

4-15-97

CR2E034 (9/96)