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FILED

Mar 04 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 # P95000056410 (0)

1. Corporation Name  
THOMAS H. GREENE, JR, P.A.



Principal Place of Business  
225 WATER STREET SUITE 2222  
JACKSONVILLE FL 32202

Mailing Address  
225 WATER STREET SUITE 2222  
JACKSONVILLE FL 32202-5155

3. Date Incorporated or Qualified  
07/18/1995

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21 10 S. Newnan Street  
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 10 S. Newnan Street  
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
59-3317613

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

GREENE, THOMAS H JR  
225 WATER STREET SUITE 2222  
JACKSONVILLE FL 32202

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 of person in charge of filing, street agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

101 TITLE ☐ DELETE  
102 NAME  
103 STREET ADDRESS  
104 CITY-ST-ZIP  
105 GREENE, THOMAS H JR  
106 225 WATER STREET SUITE 2222  
107 JACKSONVILLE FL 32202

108 TITLE ☐ DELETE  
109 NAME  
110 STREET ADDRESS  
111 CITY-ST-ZIP

112 TITLE ☐ DELETE  
113 NAME  
114 STREET ADDRESS  
115 CITY-ST-ZIP

116 TITLE ☐ DELETE  
117 NAME  
118 STREET ADDRESS  
119 CITY-ST-ZIP

120 TITLE ☐ DELETE  
121 NAME  
122 STREET ADDRESS  
123 CITY-ST-ZIP

124 TITLE ☐ DELETE  
125 NAME  
126 STREET ADDRESS  
127 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE ☒ Change ☐ Addition  
132 NAME  
133 STREET ADDRESS  
134 CITY-ST-ZIP  
135 10 S. Newnan Street

136 TITLE ☐ Change ☐ Addition  
137 NAME  
138 STREET ADDRESS  
139 CITY-ST-ZIP

140 TITLE ☐ Change ☐ Addition  
141 NAME  
142 STREET ADDRESS  
143 CITY-ST-ZIP

144 TITLE ☐ Change ☐ Addition  
145 NAME  
146 STREET ADDRESS  
147 CITY-ST-ZIP

148 TITLE ☐ Change ☐ Addition  
149 NAME  
150 STREET ADDRESS  
151 CITY-ST-ZIP

152 TITLE ☐ Change ☐ Addition  
153 NAME  
154 STREET ADDRESS  
155 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97 904-353-5606  
904-359-9000

CR2E034 (9/96)