

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90142 012 \*\*\*150.00

DOCUMENT # P95000066458

1. Corporation Name

GREENERY SQUARE, INC.

Principal Place of Business

44 LOGGERHEAD LANE  
PONTE VEDRA BEACH FL 32082

Mailing Address

44 LOGGERHEAD LANE  
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

59-3334403

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 5402 NW 8TH AVE

2a. Mailing Address

26 1616 BROOKWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 GAINESVILLE FL

27

City & State

City & State

23 GAINESVILLE FL

28 JACKSONVILLE FL

Zip Country

Zip Country

24 32605 25 FLORIDA

29 32207 30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIVENS, JANET  
44 LOGGERHEAD LANE  
PONTE VEDRA BEACH FL 32082

81 Name GIVENS, JANET

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

1616 BROOKWOOD RD

83

84 City JACKSONVILLE FL 85 Zip Code 32207

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

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME GIVENS, JANET  
STREET ADDRESS 44 LOGGERHEAD LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D DELETE

NAME GLIKES, RICHARD J  
STREET ADDRESS 44 LOGGERHEAD LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D DELETE

NAME GLIKES, THOMAS T  
STREET ADDRESS 44 LOGGERHEAD LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

GIVENS, JANET  
1616 BROOKWOOD RD  
JACKSONVILLE, FL 32207

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

GLIKES, RICHARD J  
501 E. UCHIAN AVE  
CHESTER SPRINGS, PA 19425

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

GLIKES, THOMAS  
210 NW 79TH DRIVE  
GAINESVILLE FL 32607

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)