

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



SECRETARY OF STATE
Suzanne M. Harlan
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # P95000077650 (6)

1. Corporation Name

GREEN RELEAF RETAIL, INC.
(Correct Corporation Name)
Green Releaf Consumer Products, Inc.

Principal Place of Business

Mail Address

1301 RIVERPLACE BLVD
SUITE 1904
JACKSONVILLE FL 32207

1301 RIVERPLACE BLVD
SUITE 1904
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailed Address

21 State - Apt. #, Ct.

26 State - Apt. #, Ct.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

25

29

30

9. Name and Address of Current Registered Agent

POWERS, NANCY M
1301 RIVERPLACE BLVD
SUITE 1904
JACKSONVILLE FL 32207

3. Date Incorporated or Organized

10/05/1995

3a. Date of Last Report

4. FEIN Number

59-3349486

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 Applicable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 199.01 and 199.02, Florida Statutes, this corporation does submit 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 obligation of Section 199.03, Florida Statutes.

SIGNATURE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. OFFICERS AND DIRECTORS

12b. NAME: **D POWERS, NANCY M**
12c. STREET ADDRESS: **1301 RIVERPLACE BLVD SUITE 1904**
12d. CITY, STATE, ZIP: **JACKSONVILLE FL 32207**

12e. NAME: **D POWERS, WARREN P**
12f. STREET ADDRESS: **1301 RIVERPLACE BLVD SUITE 1904**
12g. CITY, STATE, ZIP: **JACKSONVILLE FL 32207**

12h. NAME: **[] DIRECTOR**

12i. NAME: **[] DIRECTOR**

12j. NAME: **[] DIRECTOR**

12k. NAME: **[] DIRECTOR**

12l. NAME: **[] DIRECTOR**

12m. NAME: **[] DIRECTOR**

13.

13a. NAME

13b. STREET ADDRESS

13c. CITY, STATE, ZIP

13d. NAME

13e. STREET ADDRESS

13f. CITY, STATE, ZIP

13g. NAME

13h. STREET ADDRESS

13i. CITY, STATE, ZIP

13j. NAME

13k. STREET ADDRESS

13l. CITY, STATE, ZIP

13m. NAME

13n. STREET ADDRESS

13o. CITY, STATE, ZIP

13p. NAME

13q. STREET ADDRESS

13r. CITY, STATE, ZIP

13s. NAME

13t. STREET ADDRESS

13u. CITY, STATE, ZIP

13v. NAME

13w. STREET ADDRESS

13x. CITY, STATE, ZIP

13y. NAME

13z. STREET ADDRESS

13aa. CITY, STATE, ZIP

13ab. NAME

13ac. STREET ADDRESS

13ad. CITY, STATE, ZIP

13ae. NAME

13af. STREET ADDRESS

13ag. CITY, STATE, ZIP

Director, President

☒ Change ☐ Addition

Powers, Nancy M.

1301 Riverplace Blvd, Suite 1904

Jacksonville, FL 32207

Director, Secretary, Treasurer

☒ Change ☐ Addition

Powers, Warren P.

1301 Riverplace Blvd, Suite 1904

Jacksonville, FL 32207

☒ Change ☐ Addition

40000001 775-00000004

03/27/95 01007-003

944200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Nancy M. Powers

NANCY M. POWERS

1/22/96

904-398-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

3-26-1996