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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093813 (0)

1. Corporation Name

GREEN MOUNTAIN VENTURES, INC.



Principal Place of Business

4001 WEST SILVER SPRINGS BLVD.
OCALA FL 34482

Mailing Address

4001 WEST SILVER SPRINGS BLVD.
OCALA FL 34482

3. Date Incorporated or Qualified

12/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81

Name

Gary D. Jarvis

82

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

4001 W. Silver Springs Blvd.

83

84

City

Ocala

FL

85

Zip Code

34482

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

Mary D. Jarvis

Gary D. Jarvis Pres.

02-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

JARVIS, GARY D

STREET ADDRESS

4001 WEST SILVER SPRINGS BLVD.

CITY-ST-ZIP

OCALA FL 34482

TITLE

D

DELETE

NAME

JARVIS, MARTHA L

STREET ADDRESS

4001 WEST SILVER SPRINGS BLVD.

CITY-ST-ZIP

OCALA FL 34482

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary D. Jarvis

Gary D. Jarvis

02-20-96

DATE

Daytime Phone #

(352)

622-5330

CR2E034 (12/95)