

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90007 040 ***550.00

DOCUMENT # **P96000004273**

1. Corporation Name

W.T. GREENE MANAGEMENT CORP.



Principal Place of Business
**601 S. SEMORAN BLVD.
ORLANDO FL 32807**

Mailing Address
**601 S. SEMORAN BLVD.
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

59-3423358

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. ☐ Yes ☒ No

2. Principal Place of Business --

2a. Mailing Address

21 **201 TRISMEN TERR.**

26 **201 TRISMEN TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Winter Park, FL**

28 **Winter Park, FL**

24 Zip Country

29 Zip Country

32789 USA

32789 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, RANDALL B
601 S. SEMORAN BLVD.
ORLANDO FL 32807**

81 Name

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

201 TRISMEN TERR

83

84 City

Winter Park

FL

85 Zip Code

32789

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 607.0605, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☐ DELETE

NAME **GREENE, RANDALL B D.O.**

STREET ADDRESS **601 S. SEMORAN BLVD.**

CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **PSTD** ☐ DELETE

NAME **RANDALL B GREENE, DO**

STREET ADDRESS **201 TRISMEN TERR**

CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)