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

PROFIT CORPORATION **ANNUAL REPORT**



1997

DOCLIMENT # DOLA

APPROVED FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1997 JUL 20 PN 1: 11 Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE

Green Street, Inc.							IALLANASSEELT LONDA		
Principal Place	of Business	Mailing Address							The state of the s
613 ST JOHNS A' Palatka FL 3217 US		ДОткР 9.3626 9 us							
							3. Date incorporated or Qualified	3a. C	ale of Last Report
							12/19/96	0	
2. Principal Pla	ce of Business	2a. M	2a. Mailing Address				4. FEI Number	-	Applied For
21		26	26			59-3417954		Not Applicable	
Suite, Apt. #	, etc.	27 S	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country	29 Z	ip	30 Cou	niry		This corporation has liability for in Florida Statutes		e tax under s. 199.032, ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
D4-1					81	Name			
Richard Hinkle 613 St. Johns Ave					82	Street Address (P.O. Box Number is Not Acceptable)			and the second second
Palatka, Fl 32177					83	-08/06/3701113013			[113 013
• 					84	City		FL	* 16 Godd
11. Pursuant to	the provisions of Sections 607.056	02 and 607.	1508, Florida Statut	les, the at	ove	-named corpo	oration submits this statement for the p	urpose c	of changing its registered

office or registered agent, or both, in the Stale of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition NAME Richard Hinkle 1.2 NAME 613 St. Johns Ave STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Palatka; Fl 32177 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME Shawn M. Keene STREET ADDRESS 2.3 STREET ADDRESS 613 St. Johns Ave CITY-ST-ZIP 2. 4 CITY-ST-ZIP Palatka, Fl 32177 DELETE Change THLE 3.1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME . 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE . 6.1 TITLE ☐ Change ☐ Addition NAME -6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 13 if changed, or on an attachment with an address.