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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007134 (4)

GREEN VISIONS BY JON INC.

Principal Place of Business P O BOX 23117 JACKSONVILLE FL 32241

Mailing Address

P O BOX 23117 JACKSONVILLE FL 32241

FILED Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified				
Principal Place of Business 28. Mailing Address								01/17/1997	·			
	IACE OF BUSH	ness	⊢	2e. Mailing Address				4. FEI Number		Applied For		
Suite, Apt. W, etc.				28				59-3418742		Not Applicable		
	W, BIC.		⊢	Suite, Apt. #, etc.				5. Certificate of Status Desired	13.0	Additional		
City & State			27							Required		
	8			City & State				6. Election Campaign Financing \$5.00 May Be				
Zip Country			28				Trust Fund Contribution					
		Country	Zip		Countr	У		8. This corporation owes or has paid				
24	25 29 30					Personal Property Tax due June 30. MY Yes No						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 11. Name												
MCCANCE, JONATHAN E							I Name					
10632 CYPRESSWOOD DR W						82 Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32257							83					
							84 City 85 Zip Code					
•					"	l City			FL 85 Zi	, Code		
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 little if applicable (NOTE: Registe					ent signatur	re required wi		DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICE					
TITLE				☐ DELETE	1.1 TITLE		P		Change	Addition		
NAME					1.2 NAME		Jone	athan E. McCance	نم			
STREET ADDRESS				1.3 STREE	1.3 STREET ADDRESS 10682 Cypresswood Dr. LO.							
CITY - ST - ZIP				1,4 CITY-	ST-ZIP	Jak	, 4L. 82257		_			
TITLE	☐ DELETE 2			2.1 TITLE		VS	T	Change	Addition			
NAME	•		2.2 NAME	2.2 NAME		4 6. Macance						
STREET ADDRESS	23			2.3 STREE	3 STREET ADDRESS 10632' CUPTESS WOOD Dr. W.							
CITY-ST-ZIP		2.4		2.4 CITY-	2.4 CITY-ST-ZIP Ja		, 71: 82257					
TITLE				3.1 TITLE	** **	1		Change	Addition			
NAME	The state of the s				3.2 NAME							
STREET ADDRESS					3.3 STREET ADDRESS							
CITY-ST-ZIP												
TITLE	DELETE				3.4. CITY- 4.1 TITLE	31-217	+		☐ Change	Addition		
NAME				1					Audinoil			
					4. 2 NAME							
STREET ADDRESS						T ADORESS						
CITY-ST-ZIP				DEVEZE	4.4 CITY-:	ST-ZIP	 			T		
TIFLE				☐ DELETE	5.1 TITLE		1		☐ Change	Addition		
NAME					5.2 NAME		1					
STREET ADDRESS					5 3 STREE	ADDRESS						
CITY-ST-ZIP					5.4 CITY-1	ST - 21P						
TITLE				☐ DELETE	6.1 TITLE				☐ Change	Addition		
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET	ADDRESS						
CITY-ST-ZIP					6.4 CITY-							
	ertify that th	e information supplied	with this filing d	oes not qualify fo			ed in Sec	tion 119.07(3)(i), Florida Statutes. I fur	rther certify that th	ne information		
indicated	on this annu	al report or supplemen	tal annual repo	rt is true and acc	urate and th	at my sig	gnature st	hall have the same legal effect as if m	ade under oath: t	hat 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.