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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000009693 (7)

GREENHOUSE SCRIBES, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			1 (60)(60) (10 (61)) 100) 051(1 50)(60)(60)(60)(60)(60)(60)(60)(6	
1390 HOLLY AVENUE MERRITT ISLAND FL 32952-5883		1390 HOLLY AVENUE MERRITT ISLAND FL 32952-5883				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/27/1997	
6 Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	
	iade di Bosilicas	26			59-3430 7-15 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country Z(p		Country	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. X Yes No	
271	g. Name and Address of Curre		1001		10. Name and Address of New Registered Agent	
O.	REEN, PATRICE M	* 	81	Name	N-III-	
	190 HOLLY AVENUE		-		(DO O No. 1) In the Assessable	
	ERRITT ISLAND FL 32952-5883		62	Street A	Address (P.O. Box Number is Not Acceptable)	
ME	CHHIII IOLAND FL 32835-3003		63			
			64	City	El 85 Zip Code	
	10 6 67 64	20	les the about	nomad	corporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the Stuti	: of Florida, Such change was :	authorized bi	v the corp	oration's board of directors. I hereby accept the appointment as registered	
agent. La	am familiar with, and accept the obliq	jations of, Section 607.0505, Fi	orida Statute	S.		
SIGNATURE						
	Signature, typed or printed name of registered as			ent signature i	required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Custings C1 vacuitors	
NAME	GREEN, PATRICE M		1.2 NAME			
STREET ADDRESS	1390 HOLLY AVENUE		1.3 STREET	T ADDRESS		
CITY - ST - ZIP	MERRITT ISLAND FL 32952-		1.4 CITY - 5	ST-ZIP		
TITLE	ST	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	GREEN, JOSEPH L		2.2 NAME			
STREET ADDRESS	1390 HOLLY AVENUE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952-	5883	2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME	1		
STREET ADDRESS			33 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-7IP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS				T ADDRESS		
			4.4 CITY-5			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	21.TII	Change Addition	
		£ J berest	5.2 NAME		_ , _	
NAME				TADODECA		
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP		T priest	5.4 CITY-	SI - ZIP	Change Addition	
TITLE		☐ DELETE	6.1 TITLE			
NAME			6.2 NAME	l		
STREET ADDRESS	1		6.3 STREE	t address		
CITY-ST-ZIP			6.4 CITY-	S1 - ZIP		
14. I hereby	certify that the information supplied	with this filing does not qualify t	for the exemp	otion state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	