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 # P97000033896 (6)

GREENBULL WEB DESIGN, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				A LONGINGUE HAD GREEN COURT ONLY BUSIN DUINT AND BUILD BUREN HOUSE DESCRIPTIONS	
3334 SOUTH SALFORD BLVD. 3334 SOUTH SALFORD BLVD.					
NORTH POR	T FL 34287	NORTH PORT FL 34287			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					04/14/1997
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			6.5-07824/5 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & Stat	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip	Country		Trust Fund Contribution
24	25	·	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current	· · · ·	[30]		10. Name and Address of New Registered Agent
GE	REEN, CHANTELL MARIE		81	Name	
AND A COUTLY OAL FORD BLVD				Ctroot	Address /D.O. Davidson in Mat. Accordable)
NORTH PORT FL 34287			5 Street Addre		t Address (P.O. Box Number is Not Acceptable)
***			83		##\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			84	City	lee 7's Code
			P**	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the above	-named	d corporation submits this statement for the purpose of changing its registered
agent. Le	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statutes	7 the corp 3.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			n; signature	re required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	GREEN, CHAD MICHAEL	□ occeit	1.1 TITLE		Change Addition
STREET ADDRESS	3334 SOUTH SALFORD BLVD.		1.2 NAME	1000000	
	NORTH PORT FL 34287		1.3 STREET		
CITY-ST-ZIP TITLE	V	XI DELETE	1.4 CITY-S 2.1 TITLE	1-212	Vice, President R Change Addition
NAME	BULLARD, ELLIOT	M. serre	2.2 NAME	,	() () () () () () () () () ()
STREET ADDRESS	3334 SOUTH SALFORD BLVD.		2.3 STREET	ADDRESS	2234 South Sufford Blad.
CITY-ST-ZIP	NORTH PORT FL 34287		2. 4 CITY - S		North Port, PL. 34287
TITLE	\$ D	DELETE	3.1 TITLE		Change Addition
NAME	GREEN, CHANTELL MARIE		3.2 NAME		
STREET ADDRESS	3334 SOUTH SALFORD BLVD.		3.3 STREE1	ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287		3.4. CITY - S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	j	
STREET ADDRESS			4.3 STREET	address	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S	I - ZIP	Change Addition
		יין טנונונ	6.1 TITLE	į	Change L Addition
NAME CTREET ADDRESS			6.2 NAME	40DD500	
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for	the exempt		ed in Section 119 07(3)(i). Florida Statutes, I further certify that the information
indicated officer or	on this annual report or supplemental a director of the corporation or the receiv	annual report is true and acor er or Juster empowered to e	rate and the	it my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gualure shall have the same legal offect as if made under eath, that I am an sequired by Chapter 607, Florida Statutes; and that my name appears in