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

PROFIT CORPORATION ANNUAL REPORT

1999

CUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P97000036529

OOK & GREENE, INC.

pal Place of Business

ncipal Place of Business

WILSON, PAUL E JR3

21 SE WENONA AVE **OCALA FL 34471**

Country

9. Name and Address of Current Registered Agent

NW 70 STREET À FL 34475

ite, Apt. #, etc.

y & State

Mailing Address

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1720 NW 70 STREET OCALA FL 34475

2a, Mailing Address

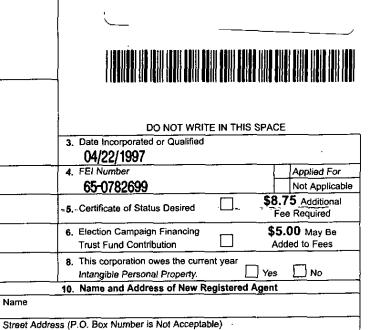
City & State

Zip

Suite, Apt. #, etc.

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90002 008 ***550.00



inions of sections 607 0502 and 607 1508. Florida Statutes above-named corporation submits this statement for the purpose of changing its registered

Country

81 Name

82

83 84 City

30

TURE _	V - st t - d	No /NO	TE: Registered Agent signature requ	uiced when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	D OFFICERS AND BIRECTOR	DELETE	1.1 TITLE	Change Addition	
Į	COOK, MARY L	L_ DELETE	1.2 NAME		
	1720 NW 70 STREET		1.3 STREET ADDRESS		
DORESS	OCALA FL 34475		Ī		
ZIP	OCALA FE 34473	<u> </u>	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	
ľ		DELETE	2.1 IIILE 2.2 NAME	Change Addition	
ļ					
DDRESS	~ ·	•	2.3 STREET ADDRESS		
<u>IP</u>			2.4 CITY-ST-ZIP	Change Addition	
,		L DELETE	3.1 TITLE	Change Addition	
			3.2 NAME		
DORESS			3.3 STREET ADDRESS		
IP			3.4 CITY-ST-ZIP		
		DELETE	4.1 TITLE	Change Addition	
			4.2 NAME		
DDRESS			4.3 STREET ADDRESS		
ĮP.			4,4 CiTY-ST-ZIP		
		DELETE	5.1 TITLE	Change Addition	
ļ			5.2 NAME		
XDRESS			5.3 STREET ADDRESS		
Р			5.4 CITY-ST-ZIP		
\		DELETE	6.1 TITLE	Change Addition	
37	9 4		6.2 NAME		
DDRESS	A grant of the control of the contro		6.3 STREET ADDRESS		
iP	in the first of the state of th		6.4 CITY-ST-ZIP		

ereby 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 dicated 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE

Zip Code