

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90282 037 ***150.00

DOCUMENT # *P97000059219V*

1. Corporation Name

Greenside Foods, Inc.
3200 S. Hiawasse Rd. # 205
Orlando, FL 32835

Principal Place of Business

Mailing Address

Orange Co. National 16301 Phil Ritson Wy.
Golf Center Winter Garden, FL.
Phil's 19th Hole 34787-9177



* 5 6 2 6 1 5 - 9 0 0 2 - 4 2 5 *

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

59 346 1578

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael E. Neukamm
201 E. Pine Str., Ste. 1200
Orlando, FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *President* ☐ DELETENAME *Pat Casey*STREET ADDRESS *5949 Chesapeake Park*CITY-ST-ZIP *Orlando 32819*TITLE *Vice President* ☐ DELETENAME *Don Harmon*STREET ADDRESS *PO Box 150 Gotha FL 34734*

CITY-ST-ZIP

TITLE *Secretary/Treasurer* ☐ DELETENAME *Steve Gunter*STREET ADDRESS *2621 Rangelia Ct. Orl FL 32835*

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

*5/10/99**407 9050280*