

09171999-90011-023-\$550.00-\$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE)

(FEE: \$740).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP 30 PM 2:39

DOCUMENT # P98000035264

1. Corporation Name

GREEN COVE ACQUISITIONS, INC.

Principal Place of Business

8368 COMPASS ROSE DRIVE SOUTH
JACKSONVILLE FL 32216

Mailing Address

8368 COMPASS ROSE DRIVE SOUTH
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

Applied For
Not Applicable

2. Principal Place of Business

21 1320 Harbor Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 Box 1996

Suite, Apt. #, etc.

City & State

22 Green Cove Spr FL

Zip

24 32043

Country

25 USA

City & State

27 Green Cove Spr FL

Zip

29 32043

Country

30 USA

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☐ Yes☒ No

9. Name and Address of Current Registered Agent

YANDA, RICHARD E
8368 COMPASS ROSE DRIVE SOUTH
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

1320 Harbor Rd

B3 City

Green Cove Spr FL

B5 Zip Code

32043

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

TITLE ☐ DELETED
YANDA, RICHARD E
8368 COMPASS ROSE DRIVE SOUTH
JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

6553 River Point Dr
Green Cove Spr FL 32043

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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.

SIGNATURE:

 Signature and typed or printed name of signing officer or director
 Richard Yanda

9-13-99

904-284-3100

CR2E034 (5/99)