

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90274 034 \*\*\*150.00

DOCUMENT # P98000041354

1. Corporation Name  
GREEN INK, INC.

Principal Place of Business  
6190 NW 58TH TERRACE  
OCALA FL 34482

Mailing Address  
6190 NW 58TH TERRACE  
OCALA FL 34482

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1998	4. FEI Number 59-3505744	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax.	□ Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent  INKELL, CHRIS 6190 NW 58TH TERRACE OCALA FL 34482		10. Name and Address of New Registered Agent		
		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	NAME	□ DELETE	1.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS	INKELL, CHRIS		1.2 NAME		
CITY-ST-ZIP	6190 NW 58TH TERRACE		1.3 STREET ADDRESS		
	OCALA FL 34482		1.4 CITY-ST-ZIP		
TITLE	NAME	□ DELETE	2.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	NAME	□ DELETE	3.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
TITLE	NAME	□ DELETE	4.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	□ DELETE	5.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	□ DELETE	6.1 TITLE	□ Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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

4-12-99 352-817-8496  
Daytime Phone #

CR2E034 (11/98)