04201999-90013-009-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046260

1. Corporation Name

GREEN, DEKRAKER AND STUBBS, INC.

Principal Place of Business	Mailing Address
503 S. MACDILL AVE. TAMPA FL 33609	503 S. MACDILL AVE. TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/22/1998

2. Principal Place of Business	2a. Mailing Address _2514I_	4. FEI Number _59-3518018_	Applied For / Not Applicable
21 _200 Pierce St._	26 _P.O. Box_	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
23 City & State _Tampa FL_	28 City & State _Tampa FL_	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	
24 Zip _33602_ 25 Country _Hillsborough_	29 Zip _33602_ 30 Country _Hillsb._		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, RAY 503 S. MACDILL AVE. TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number is Not Acceplable) 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_ ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	_DE KRAKER, BRUCE A._	1.2 NAME		
STREET ADDRESS	_13565 Avista Dr._	1.3 STREET ADDRESS		
CITY-ST-ZIP	_Tampa, Fla. 33624_	1.4 CITY-ST-ZIP		
TITLE	_V. Pres._ ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	_Ray M. Green_	2.2 NAME		
STREET ADDRESS	_15463 Gulf Blvd._	2.3 STREET ADDRESS		
CITY-ST-ZIP	_Madeira Bch, FL 33708_	2.4 CITY-ST-ZIP		
TITLE	_Sec & Tres_ ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	_Teresa A. Stubbs_	3.2 NAME		
STREET ADDRESS	_7002 Spring Valley Dr._	3.3 STREET ADDRESS		
CITY-ST-ZIP	_Tampa, FL 33615_	3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _Ray M. Green, V. Pres._ _4/13/99_ _813/229-5830_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)