

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90196 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000073167
 1. Corporation Name
TOMMY GREENE ENTERPRISES, INC.



Principal Place of Business STATE RD 53 SOUTH MADISON FL 32340	Mailing Address STATE RD-53 SOUTH MADISON FL 32340
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date incorporated or Qualified 08/20/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GREENE, TOMMY
STATE RD 53 SOUTH
MADISON FL 32340

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME TOMMY GREENE	
1.3 STREET ADDRESS SR 53 SOUTH	
1.4 CITY-ST-ZIP MADISON, FL 32340	
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME WILLIAM GREENE	
2.3 STREET ADDRESS RT 1 BOX 3665	
2.4 CITY-ST-ZIP MADISON, FL 32340	
3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LATRENE PALMOR	
3.3 STREET ADDRESS RT 4 BOX 1569	
3.4 CITY-ST-ZIP MADISON, FL 32340	
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME EMERALD G. KINSLEY	
4.3 STREET ADDRESS SR 53 SOUTH	
4.4 CITY-ST-ZIP MADISON, FL 32340	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 in an attachment with an address, with an other like empowered.

SIGNATURE: Emerald Kinsley Date: 4-29-99 Daytime Phone #: 850 923-4141

CR2E034 (1/98)