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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800093036

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90040 001 ***158.75

1. Corporation	n Name							
EVERGR	EEN HOLDINGS	, INC.						
						LECONOCCI (IN 1810) (AND ACTOR ACTOR	ABILL BALLA LEKEN LIKUL ARKE	e kuli e e un l ee l
								E HILL ENGLEER
Principal Place	e of Business		Mailing Address	-			Ebrit okilo läina litii sala	& Iftie Aitt 1881
6601 SOUTHPO	INT DRIVE NORTH		6601 SOUTHPOINT DRIV	e North				
SUITE 300 SUITE 300								
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				6			IN THIS SPACE	
						3. Date Incorporated or Qualifed		Į
			1 - 11 W - 11			11/02/1998 4. FEI Number_		
- 12.1d	face of Business	of To	2a. Mailing Address	W. 002 . T	۸۸	1.59-3540880	\ 	pplied For
21 47748		nt Dr.	26 434 50 Suite, Apt. #, etc.	cryom+ c	<u> </u>	199 30 10000		Additional
Suite, Apt.	#, etc.		27 Suite, Apr. #, etc.			5. Certificate of Status Desired	NKI	Required
City & Stat	e		City & State			6. Election Campaign Financing	\$5.00	May Be
	Ksonville	Fi	28 Jackson	illo FL		Trust Fund Contribution	1 1	to Fees
Zip	Coun	ntry	Zip	Country C		8. This corporation owes the curren	nt year Intangible	
24 322	ا 25 مالد	1 S	29 12216	[30] U.S	•	Personal Property Tax	☐Yes	□No
	9. Name and Add	ress of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 1	Name			
ł .	NA, NANCY L	er Nobili		82 5	Street Addre	ss (P.O. Box Number is Not Acceptable	le)	
6601 SOUTHPOINT DRIVE NORTH								
SUITE 300 JACKSONVILLE FL 32216			83				i	
JACI	NOUNVILLE PL 3221	16		84 (City		85 Zip	Code
L				1 1	-		FL	
						ration cubmite this statement for the n	uroose of changing it	s registered (
11. Pursuant	to the provisions of Se	ections 607.0502	and 607.1508, Florida Sta f Florida, Such change wa:	tutes, the above-in s authorized by the	iamed corpo e corporatior	n's board of directors. I hereby accept	the appointment as r	egistered
office or r	registered agent, or bo	th, in the State of	and 607.1508, Florida Sta f Florida. Such change wa ons of, Section 607.0505, I	s authorized by the	amed corpo e corporatior	's board of directors. I hereby accept	the appointment as r	egistered
office or r	registered agent, or bo im familiar with, and ac	th, in the State of ecept the obligation	f Florida. Such change was ons of, Section 607.0505, I	s authorized by the Florida Statutes.	e corporation	n's board of directors. I hereby accept	the appointment as r	egistered
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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 Impowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE: