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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03477 (4)

1. Corporation Name

GREENLEAF FOLIAGE, INC.

Principal Place of Business

Mailing Address

ROUTE 2 BOX 380
WAUCHULA FL 33873

ROUTE 2 BOX 380
WAUCHULA FL 33873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2292 Greenleaf Rd
Suite, Apt. #, etc.

26 2292 Greenleaf Rd
Suite, Apt. #, etc.

22 City & State
23 Zolfo Springs, FL
Zip Country

27 City & State
28 Zolfo Springs, FL
Zip Country

24 33890 25 Hardee

29 33890 30 Hardee

9. Name and Address of Current Registered Agent

RIVERS, DELENA
2292 GREENLEAF RD
MOORE ROAD
ZOLFO SPRINGS FL 33890

3. Date Incorporated or Qualified

09/18/1990

4. FEI Number

65-0238149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
RIVERS, DELENA
2292 GREENLEAF RD
ZOLFO SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RIVERS, ARNOLD
2292 GREENLEAF RD
ZOLFO SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
YAWN, SHIRLEY
P.O. BOX 472
ZOLFO SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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 on an attachment with an address.

SIGNATURE

Deleena Rivers, Deleena Rivers, Deleena Rivers, Deleena Rivers

CR2E034 (10/97)