~11	_	MOM.	CII	ING	EEE	AFTER	MAY	1	IS	\$225.	.00
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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

S18864 **DOCUMENT #**

(6)

GREEN CORNER, INC.

Mailing Address



sired Sa. Date of Last Report 05/01/1995 Applied For Not Applicable Fee Required \$5.00 May Be Added to Fees					
o5/01/1995 Applied For Not Applicable \$8.75 Additional Fee Required sired \$5.00 May Be					
Not Applicable \$8.75 Additional Fee Required \$5.00 May Be					
Fee Required Solution Street L. Fee Required Street L. Fee Required Street Street Required Street Stre					
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bility for intangible tax under s 199.032. ☐ Yes ☑ No					
New Registered Agent					
82 Street Address (P.O. Box Number is Not Acceptable)					
FL 85 Zip Code or the purpose of changing its registered off t the appointment as registered agent. I am					
or t					

SIGNATURE	MICE AND ADDRESS OF THE PROPERTY OF THE PROPER	TE Registered Ajent squature required	where ending
5	Syndric Great or the finding of register, agent and the fraggrendence of OFFICERS AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	- Delete	1 17016	Change Addition
TITLE	ט ==	1.2 NAMÉ	
NAME	RAHDERT, GEORGE K.	1.3 STREET ADDRESS	
STREET ADDRESS	535 CENTRAL AVE.	1.4 CITY - S1 - ZIF	
CITY-ST-ZiP	ST. PETERSBURG FL	2 1 TITLE	Change Addition
TITLE		2.2 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP	Double	2.4 CITY - ST - ZIP 3.1 THUE	Change Addition
TITLE	☐ DELETE		
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		3 4 CHY - SI - ZIF	Change Addition
TITLE	DELETE	4 1 TIME	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STHEFT ADDRESS	
CITY - S1 - ZIP		4.4 City - ST- Zi ^o	Change Addition
TITLE	DELETE	5 1 HILE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	Change Addition
CITY-ST-ZIP TITLE	DELETE	6 1 TITLE	Change Addition
		E 2 NAME	
NAME		63 STHEET ADDRESS	
STREET ADDRESS		6.4 CITY - S1 - ZIP	Add ORIGINAl Florido Statutos I further

is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further upplements annual report is true and accurate and that my signature shall have the same legal effect as if made under occeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name 14. Ido hereby certify that the information supplied with certify that the information indicated on this arrivant cath, that I am an officer or director of the corporate appears in Block 12 or Block 13 changed, or or a report or

813/823-4191

CR2E034 (12/95)