FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** S28879 1. Corporation Name GREELY BOOKKEEPING SERVICE, INC. Mailing Address Principal Place of Business 11795 SW 151 PL 11795 SW 151 PL **DUNNELLON FL 34432 DUNNELLON FL 34432** HS 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1995 02/01/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0241592 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Oity & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has lability for intangible tax under s 199.032, Florida Statutes X Yes No Country Zip Ζıp Country 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent €1 Name Street Address (P.O. Box Number is Not Acceptable) GREELY, H. EDWARD, JR. ٤2 11795 S.W. 151 PLACE **DUNNELLON 32630** 85 Zip Code 14 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abov inamed 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 hourd of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (FPME Requirement A port segmature resp Signature, typed or printed name of organors Lagaritia of the illiangual are ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TH F PSD TITLE GREELY, H. EDWARD, JR. 1.2 NAME NAME 11795 S.W. 151 PLACE 1.3 STP- EL ADORESS STREET ADDRESS **DUNNELLON FL** 1.4 CIT : - \$1 - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 TiT F TITLE 22 NAME NAME 2.3 STEFF! ADDRESS STREET ADDRESS 24 CIT + ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 17/1.6 TITLE 3.2 NAULÉ NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CIT / S1 - 7 P CITY - ST - ZIP ne fibbA Change DELETE 4 1 TF .E TITLE 4.2 NA 3E NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0117 - S1 - 71P CITY-ST-ZIP Addition ☐ Change DELETE 5 1 T/ LE THILE 5.2 NAME NAME 5.3 STI-EET ADORESS STREET ADDRESS

6.10 Y-S1-ZIP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and closs not quairly for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arinual 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

5.4 CIP 7 - ST - ZIP

6.3 STREET ADDRESS

6 1 TI LE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS.

TITLE

NAME

IGNATURE AND TYPED ON PAINTED NAME OF SIGNING OF CER OR DIRECTOR

DELETE

4-24-96

(352) -854-3090

☐ Change

Add tion

(12/95)

CR2E034