

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S55356 (7)
1. Corporation Name
LOBLOLLY GREEN, INC.



Principal Place of Business 306 NEBRASKA AVE LONGWOOD FL 32750	Mailing Address 306 NEBRASKA AVE LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1991	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3079662	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KWIATKOWSKI, HARRY S. 306 NEBRASKA AVE LONGWOOD, FL 32750				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KWIATKOWSKI, HARRY S			1.2 NAME	KWIATKOWSKI, HARRY S		
STREET ADDRESS	306 NEBRASKA AVE			1.3 STREET ADDRESS	306 NEBRASKA AVE		
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP	LONGWOOD, FL 32750		
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KWIATKOWSKI, HARRY S			2.2 NAME	JUDITH L. KWIATKOWSKI		
STREET ADDRESS	306 NEBRASKA AVE			2.3 STREET ADDRESS	306 NEBRASKA AVE		
CITY-ST-ZIP	LONGWOOD FL			2.4 CITY-ST-ZIP	LONGWOOD FL 32750		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	KIMBERLY L. KWIATKOWSKI		
STREET ADDRESS				3.3 STREET ADDRESS	306 NEBRASKA AV		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	LONGWOOD, FL 32750		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	DAVID S. KWIATKOWSKI		
STREET ADDRESS				4.3 STREET ADDRESS	310 S.E. 31ST TERRACE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	OCALA, FL 34471		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 *[Signature]* H S KWIATKOWSKI, President 407 810-1170

CR2E034 (10/97)