


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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90122 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S55356 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		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/24/1991	
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27		4. FEI Number 59-3079662	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KWIATKOWSKI, HARRY S. 306 NEBRASKA AVE LONGWOOD, L 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 of applicant. (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DPST	<input type="checkbox"/> DELETE			
NAME	KWIATKOWSKI, HARRY S				
STREET ADDRESS	306 NEBRASKA AVE				
CITY-ST-ZIP	LONGWOOD FL 32750				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	KWIATKOWSKI, HARRY S				
STREET ADDRESS	306 NEBRASKA AVE				
CITY-ST-ZIP	LONGWOOD FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	KWIATKOWSKI, JUDITH L				
STREET ADDRESS	306 NEBRASKA AVE				
CITY-ST-ZIP	LONGWOOD FL 32750				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KWIATKOWSKI, KIMBERLY L				
STREET ADDRESS	306 NEBRASKA AVE				
CITY-ST-ZIP	LONGWOOD FL 32750				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KWIATKOWSKI, DAVID S				
STREET ADDRESS	310 S E 31ST TERRACE				
CITY-ST-ZIP	OCALA FL 34471				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.S. KWIATKOWSKI

3/16/99

4078491670

Date

Daytime Phone #

CR2E034 (1/98)