

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:18

DOCUMENT # S58714 (4)

1. Corporation Name
GREENGALE, INC.

Principal Place of Business

4699 N STATE ROAD 7
J-2
TAMARAC FL 33319
US

Mailing Address

4699 N STATE ROAD 7
STE J-2
TAMARAC FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1991

3a. Date of Last Report
02/22/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number
65-0266016

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALE, ROBERT
4699 N STATE ROAD 7
SUITE J-2
TAMARAC FL 33319

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip Code

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 of Registered Agent and block registration)

(Signature of Registered Agent and block registration)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY, ST, ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY, ST, ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY, ST, ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shown not qualify for the exemption stated in the law (1997) Florida Statutes. I further certify that the information submitted 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on any amendment with an address.

SIGNATURE:

David Green

DAVID GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95

305-184-4128