

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65041** (3)

1. Corporation Name

R.J. GREENACRES, INC.

Principal Place of Business

**5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463**

Mailing Address

**5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0287524

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

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

9. Name and Address of Current Registered Agent

**JULYIA, RICHARD M.
5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463**

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 date if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **JULYIA, RICHARD**
STREET ADDRESS **5835 LAKE WORTH RD**
CITY-ST-ZIP **GREENACRES CITY FL**

TITLE **TD**
NAME **JULYIA, RICHARD**
STREET ADDRESS **5835 LAKE WORTH RD**
CITY-ST-ZIP **GREENACRES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 for the next year 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 being attached with an addition.

SIGNATURE:

Richard M. Julyia Pres. 3-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR