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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V29167**

1. Corporation Name

NATURALLY GREEN, INC.

Principal Pla	ce of Business	_
STAR ROUTE	95-G	

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90020 001 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
		STAR ROUTE 95-G						
SUNNELL FL 3	32110 BUNNELL FL 32110					DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						04/14/1992		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	[	Applied For
1		26			•	59-3116428		Not Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
2		27				5. Certificate of Status Desired	Fee	Required
City & Stat	te	City & State				6. Election Campaign Financing	•	<b>)0</b> May Be
3		28				Trust Fund Contribution		ed to Fees
Zip	Country	Ziρ		ıntry		8. This corporation owes the current year in		□No
4	25]	29	30			Personal Property Tax.	Yes	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
SIT	Ton, Karen			"	Mairie			
	R ROUTE 95-G			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	INELL FL 32110			83	<del></del>			
				84	City	F	85 Z	ip Code
44 5	A. the annual form of Continue 507 0502	and 607 1609 Florida Statu	toe the n	hove	-named como	pration submits this statement for the purpose of		its registered
office or r	registered agent of both in the State of	Florida Such chande was a	autnonzeo	a ovi	ine corporatio	n's board of directors. I hereby accept the app	ointment a	registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Fig	onda Stat	utes.	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	F: Registered	1 Agent	t signature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 ΤΙ	ITLE			Chan	ge 🔲 Addition
NAME	SUTTON, KAREN							
STREET ADDRESS			1.2 N	AME	1			
CITY-ST-ZIP	STAR ROUTE 95-G				ADDRESS		<u>_</u>	
TITLE	STAR ROUTE 95-G BUNNELL FL		1.3 S		ì			
		☐ DELETE	1.3 S	TREET	ì		☐ Chan	ge 🗌 Addition
NAME		() DELETE	1.3 S	TREET STY-\$T	ì			ge
NAME STREET ADDRESS	BUNNELL FL	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N	TREET TTY-\$T TTLE IAME	ì			ge Addition
	BUNNELL FL	DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TREET TTY-\$T TTLE IAME	-ZIP ADDRESS		☐ Chan	,
STREET ADDRESS	BUNNELL FL	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TREET TITY-ST TITE TAME TREET CITY-S'	-ZIP ADDRESS			,
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	BUNNELL FL	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TREET TITLE TREET TREET CITY-S' TITLE TAME	ADDRESS ADDRESS		_ Chan	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BUNNELL FL		13S 14C 21T 22N 23S 2.4C 3.1T 32N 33S 34.C 4.1T	TREET TY-ST TILE TREET CITY-S' TILE TREET CITY-S' TILE TREET CITY-S' TILE	ADDRESS ADDRESS		☐ Chan	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUNNELL FL	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	TREET TY-ST TILE TREET CITY-S' TILE TREET CITY-S' TILE TREET CITY-S' TILE	ADDRESS ADDRESS		_ Chan	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BUNNELL FL	☐ DELETE	13S 14C 21T 22N 23S 2.4C 3.1T 32N 33S 34.C 4.1T 4.2N	TREET TITLE TREET	ADDRESS ADDRESS		_ Chan	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BUNNELL FL	☐ DELETE	135° 14CC 21TG 22N 23S° 2.4C 3.1TG 33S° 34.C 4.1TG 4.2N 4.3S° 4.4C	TREET TITY-ST TITE TREET TREET TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		☐ Char	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BUNNELL FL	☐ DELETE	135 14C 21 T3 22 N 23 S 2.4 C 3.1 T1 32 N 33 S 34. C 4.1 T1 4.2 N 4.3 S 4.4 C 5.1 T1	TREET TITLE TREET TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		_ Chan	nge Addition
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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.

8.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE

STREET ADDRESS

DELETE

25/99

904-437-0604

☐ Change

☐ Addition

CR2E034 (11/98)