

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **379978 (0)**  
1. Corporation Name  
**STUART SOD, INC.**



Principal Place of Business: **25 LINDEN STREET P.O. BOX 2071 STUART FL 34995-9071**  
Mailing Address: **25 LINDEN STREET P.O. BOX 2071 STUART FL 34995-9071**

3. Date Incorporated or Qualified: **04/05/1971** 3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **59-1320733** 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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**MEYER, REGINALD O  
3483 NARRANGANSETT TERR.  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PD</b>	NAME: <b>MEYER, REGINALD O</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>3483 NARRANGANSETT TERR.</b>	CITY-STATE-ZIP: <b>STUART FL</b>	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VD</b>	NAME: <b>MEYER, W H</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>3726 CYPRESS</b>	CITY-STATE-ZIP: <b>PALM BEACH GRDNS FL</b>	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>STD</b>	NAME: <b>MEYER, MARCUS W</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>354 GARDEN BLVD</b>	CITY-STATE-ZIP: <b>PALM BCH GDNS FL</b>	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 CITY-STATE-ZIP: <b>34997</b>
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 CITY-STATE-ZIP: <b>33410</b>
13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 CITY-STATE-ZIP: <b>33410</b>
13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.16 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.19 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.20 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: *Marcus W. Meyer* **MARCUS W. MEYER, Sec-Treas 2/14/96** 407-288-3440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)