FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:28

DOCUMENT # **706234** **(2)**

1. Corporation Name
FLORIDA TURFGRASS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
302 SOUTH GRAHAM AVE. ORLANDO FL 32803-6399	302 SOUTH GRAHAM AVE. ORLANDO FL 32803-6399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1957
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-0915813 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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 (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

YOUNT, ROBERT J., EXEC. DIR.
302 SOUTH GRAHAM AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Chuck Rogers
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 922~~ 2038 E. Beaumont Ave #510
83 ~~,~~ 33610
84 City: ~~Zephyrhills~~ Tampa FL 65 Zip Code: ~~33539~~

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: Chuck Rogers CHUCK ROGERS /PRESIDENT 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND D[illegible] IN 12	
TITLE	P	11 TITLE	P ☐ Addition
NAME	DENNIS, NICK	12 NAME	Chuck Rogers
STREET ADDRESS	4246 ST AUGUSTINE RD	13 STREET ADDRESS	~~P.O. Box 922~~ 2038 E. Beaumont Ave #510
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	~~Zephyrhills, FL 33539~~ Tampa, FL 33610
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	ROGERS, CHUCK	22 NAME	Gerald Millholen
STREET ADDRESS	PO BOX 922 N/A	23 STREET ADDRESS	811 Euclid
CITY-ST-ZIP	ZEPHYRHILLS FL	24 CITY-ST-ZIP	Deland, FL 32720
TITLE	ST	31 TITLE	ST ☒ Change ☐ Addition
NAME	MILLHOLEN, GERALD	32 NAME	Roy Bates
STREET ADDRESS	811 EUCLID	33 STREET ADDRESS	1808 Imperial Golf Course
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	Naples, FL 33942
TITLE	PP	41 TITLE	D ☒ Change ☐ Addition
NAME	REDDEN, JERRY	42 NAME	David Barnes
STREET ADDRESS	18023 US HWY 1	43 STREET ADDRESS	225 Manatee Rd SE
CITY-ST-ZIP	TEQUESTA FL	44 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BATES, ROY	52 NAME	Charlie Campbell
STREET ADDRESS	1808 IMPERIAL GOLF COURSE	53 STREET ADDRESS	14103 Hollingfare Pl
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Tampa, FL 33624
TITLE	ED	61 TITLE	D ☒ Change ☐ Addition
NAME	YOUNT, ROBERT J	62 NAME	Jay McCord
STREET ADDRESS	302 S GRAHAM AVE	63 STREET ADDRESS	16163 Lem Turner Rd
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Jacksonville, FL 32218

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chuck Rogers Chuck Rogers /President 4/26/95 407 896-6721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REMITTED BY MAY 1

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