FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 04/08/1957
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 5850 T G Lee Blvd.
Suite, Apt. #, etc.
22 Suite 110
City & State
23 Orlando, FL
Zip 24 32822 Country 25 USA

2a. Mailing Address
26 5850 T G Lee Blvd.
Suite, Apt. #, etc.
27 Suite 110
City & State
28 Orlando, FL
Zip 29 32822 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, CHUCK
2038 E. BEARSS AVE.
510
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: Funk, Stacy L
82 Street Address (P.O. Box Number is Not Acceptable): 5850 T G Lee Blvd
83: Suite 110
84 City: Orlando **FL** 85 Zip Code: 32822

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Stacy Lee Funk — Stacy L Funk, Office Mgr. — DATE: 4/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	ROGERS CHUCK		1.2 NAME	MILLHOLEN, GERALD	
STREET ADDRESS	2038 E. BEARSS AVE., 510		1.3 STREET ADDRESS	811 EUCLID AVE	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	DELAND FL 32720	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	MILHOLEN, GERALD		2.2 NAME	BATES, ROY	
STREET ADDRESS	811 EUCLID		2.3 STREET ADDRESS	1808 IMPERIAL GOLF COURSE BLVD	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	NAPLES FL 33942	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	BATES, ROY		3.2 NAME	BARNES, DAVID	
STREET ADDRESS	1808 IMPERIAL GOLF COURSE		3.3 STREET ADDRESS	4366 E KINSEY RD	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BARNES, DAVID		4.2 NAME	PUCKETT, R ALAN	
STREET ADDRESS	225 MANATEE RD SE		4.3 STREET ADDRESS	4200 COUNTRY CLUB RD S	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CAMPBELL, CHARLIE		5.2 NAME	CAMPBELL, CHARLIE	
STREET ADDRESS	14103 HOLLINGFARE PL		5.3 STREET ADDRESS	14103 HOLLINGFARE PL	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCORD, JAY		6.2 NAME	MCCORD, JAY	
STREET ADDRESS	16163 LEM TURNER RD		6.3 STREET ADDRESS	16163 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32218	

CR2E037 (12/95)

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

SIGNATURE: X Roy Bates — 4/26/96 — 941-597-4581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #