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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
5850 T G LEE BLVD. SUITE 110 ORLANDO FL 32803-6399 US	5850 T G LEE BLVD SUITE 110 ORLANDO FL 32803-6399 US

3. Date Incorporated or Qualified: 04/08/1957

4. FEI Number: 59-0915813 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FUNK, STACY L.
5850 T G LEE BLVD
SUITE 110
ORLANDO FL 32822

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 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 _____ DATE
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	D	☑ Change ☐ Addition
NAME	BATES, ROY		1.2 NAME		
STREET ADDRESS	1808 IMPERIAL GOLF COURSE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	BARNES, DAVID		2.2 NAME		
STREET ADDRESS	4366 E KINSEY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	33825	
TITLE	ST	☐ DELETE	3.1 TITLE	VP	☑ Change ☐ Addition
NAME	WAHLIN, SCOTT		3.2 NAME		
STREET ADDRESS	P.O. BOX 8366N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	34228	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUCKETT, R ALAN		4.2 NAME		
STREET ADDRESS	4200 COUNTRY CLUB RD. S		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	ST	☐ Change ☑ Addition
NAME	CAMPBELL, CHARLIE		5.2 NAME	MARK JARRELL	
STREET ADDRESS	14103 HOLLINGFARE PL		5.3 STREET ADDRESS	7500 St. Andrews Rd.	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCORD, JAY		6.2 NAME		
STREET ADDRESS	16163 LEM TURNER RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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

SIGNATURE: Mark Jarrell 3/23/98 407/956-5767