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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706234

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

2. Principal Place of Business (21): SAME
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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

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

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: Cheryl Stocklin
82 Street Address (P.O. Box Number is Not Acceptable): Same
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: Cheryl Stocklin — 4/12/99
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 DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	ST	☐ Change ☐ Addition
NAME	BATES, ROY		1.2 NAME	Erica Santella	
STREET ADDRESS	1808 IMPERIAL GOLF COURSE BLVD.		1.3 STREET ADDRESS	777 Douglas Avenue	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	P	☐ DELETE	2.1 TITLE	D	☐ 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		
TITLE	VP	☐ DELETE	3.1 TITLE	P	☑ 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		
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	ST	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	JARRELL, MARK		5.2 NAME		
STREET ADDRESS	7500 ST ANDREWS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Erica Santella SIGNATURE REQUIRED — 3-26-99 — 407-786-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #