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95 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **F63283** (8)

1. Corporation Name
GRASS MASTER, INC.

Principal Place of Business: **2594 CENTERVILLE RD. P O BOX 13474 TALLAHASSEE FL 32317**

Mailing Address: **2594 CENTERVILLE RD. P O BOX 13474 TALLAHASSEE FL 32317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State Apt # etc: **27**

23. City & State: **28**

24. City: **25** County: **29** City: **30** County: **31**

3. Date Incorporated or Qualified: **01/15/1982** 3a. Date of Last Report: **08/05/1994**

4. FEI Number: **58-1469125** 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 unreported tax under S. 190 USC Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RAYBURN, DAVID A
2594 CENTERVILLE RD.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P O Box Number is Not Applicable): _____

83. _____

84. City: _____

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (1)(b) Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 not aware of any other change of jurisdiction of this firm to the State of Florida Statutes.

NEW REGISTERED AGENT: _____

PREVIOUS REGISTERED AGENT: _____

12. OFFICERS AND DIRECTORS:

P. NAME: **RAYBURN, DAVID A**
STREET ADDRESS: **US 19 S**
CITY: **THOMASVILLE GA**

V.S. NAME: **RAYBURN, MAXINE**
STREET ADDRESS: **US 19 S**
CITY: **THOMASVILLE GA**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

1. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

2. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

3. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

4. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

5. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

6. NAME: _____ STREET ADDRESS: _____ CITY: _____ Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in law under Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as required in statute and that my signature shall be on the same report. I am of legal age and sane mind. That this report is on close for of the corporation or the removal of business organization to cause the report as required by Chapter 189, Florida Statutes, and that my name appears on Block 1 or Block 3 of the report as an attachment with an address:

SIGNATURE: *David A. Rayburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (94-381-1325)