FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90032 025 ***150.00

0566139

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F82215**

1. Corporation Name
KIRKLAND SOD, INC.

Principal Place of Business	Mailing Address
4328 STATE ROAD #44 NEW SMYRNA BCH FL 32168	4328 STATE ROAD #44 NEW SMYRNA BCH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/20/1982

4. FEI Number: 59-2192306 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KIRKLAND, ELMER R
4328 STR 44
NEW SMYRNA BCH FL 32168

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 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 _____ 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	☐ Change ☐ Addition
NAME	LOOMIS, FAY L		1.2 NAME	
STREET ADDRESS	249 FLORATAM TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, GLORIA J		2.2 NAME	
STREET ADDRESS	293 FLORATAM TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, STELLA L		3.2 NAME	
STREET ADDRESS	4328 ST RD 44		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND. ELMER R.		4.2 NAME	
STREET ADDRESS	4328 STATE ROAD #44		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, WARD A		5.2 NAME	
STREET ADDRESS	275 FLORATAM TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARBAJAL, KAREN A.		6.2 NAME	
STREET ADDRESS	305 FLORATAM TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	

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 607, 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: _____ 2-22-99 (904)428-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)