

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043717 (5)**

1. Corporation Name

DOUBLE SS SOD COMPANY

Principal Place of Business

Mailing Address

13851 SW 26 ST
DAVIE FL 33325

13851 SW 26 ST
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
6/6/94

2. Principal Place of Business

2a. Mailing Address

21 **13851 SW. 26 ST**

26 **13851 S.W. 26 ST**

4. FFI Number

65-0481350

Applied For

Net Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **D**

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 **DAVIE, FL**

City & State

28 **DAVIE, FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 **33325**

25 **Broward**

Zip

Country

29 **33325**

30 **Broward**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, STEVE J
13851 SW 26 ST
DAVIE FL 33325

81 Name

Steve Sullivan

82 Street Address (P.O. Box Number is Not Acceptable)

13851 SW. 26 ST

83

84 City

DAVIE

FL

85 Zip Code

33325

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

Signature of Current Registered Agent or Director

Signature of Registered Agent or New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SULLIVAN, STEVE**
STREET ADDRESS **13851 SW 26 ST**
CITY, ST, ZIP **DAVIE FL 33325**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **D**
NAME **SULLIVAN, LEANNE J**
STREET ADDRESS **13851 SW 26 ST**
CITY, ST, ZIP **DAVIE FL 33325**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the new 119.07(3)(b), 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.

SIGNATURE:

Leanne Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leanne Sullivan 4/30/95
Date

305-475-9787
Telephone Number