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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

M22416 **DOCUMENT #**

(5)

B.J. TURF CONTROLLERS, INC.

1 (100) A 14 (10) (14) A (14) (14) A (14)

Principal Place of Business Mailing Address 173 S HAMPTON DRIVE 173 S HAMPTON DRIVE					T INTINEST I'M ITALE LINES AND TREES OVER REALD BEARD OFFIC MINES ASSISTANCES AND FOR			
JUPITER FL 33458 JUPITER FL 33458					3. Date incorporated or Qualified 10/24/1985	3a. Date of Last Report 03/31/1995		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		A	oplied For
		26		30 200E000			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible tax	under s	199.032,
24	25	29	30			_ ⊠ №		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	egistered A	gent	
				81 Name				
ARNELL, JAMES				82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
173 S HAMPTON DRIVE JUPITER 33458				83				
			•	84 City			85 Zip	o Code
				l	ration submits this statement for the pured of directors. I hereby accept the app	<u> </u>		
SIGNATURE _	Signature, typed or printed name of registered agent and title if agents able MUNE. Register 2. OFFICERS AND DIRECTORS 13			Agent signature require	d wher reinstating) ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1 1 1	TLE] Change	Addition
NAME	ARNETT, JAMES		1 2 N	AME				
STREET ADDRESS	173 S HAMPTON DRIVE			REET ADDRESS				
CITY - ST - ZIP	JUPITER FL	E DOLETE		TY · ST · ZIP			Change	Addition
TITLE	VP	☐ DELETE	2 1 7			L	J 0.12.190	
NAME	ARNETT, BARBARA		22 N	rreet address				
STREET ADDRESS	173 S HAMPTON DRIVE			ITY-ST-ZIP				
CITY-ST-ZIP TITLE	JUPITER FL	[] DELETE	3 1 1				Change	☐ Addition
NAME		بي	3.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	4.11				Change	☐ Addition
NAME			4.2 N	AME				
STREET ADDRESS			435	TREET ADORESS				
CITY-ST-ZIP				ITY-ST-ZIP			7.05	Mada.s:
TITLE		☐ DELETE	5. 1 1			L	Change	☐ Addition
NAME			5.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP		F DELETE		ITY-ST-ZIP			Change	☐ Addition
TITLE		DELETE	6.11			L	_l ∪uange	Addition
NAME				IAME				
STREET ADDRESS				TREET ADDRESS				
CITY OF 710	1		640	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 Section 119.07(3)(k), 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 enipowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR