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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

228968 **DOCUMENT #** 

(4)

SUNSHINE SOD CO



							]		J <b>4</b> 4011 BABA 1001	
Principal Place of Business Mailing Address										
955 N W 4TE BELLE GLAD			955 N W 4TH STREET BELLE GLADE FL 33430							
						3. Date incorporated or Qualified 10/12/1959	3a. Date o	/17/19	95 <sup>1</sup>	
2. Principal Plac	e of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For S9-0885000 Not Applied For				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
4	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	5. Italie and Page 35 of Care	, riogioto de rigorio		81	Namo		<u> </u>			
	MAN, JOAN / 4TH ST					ddress (P.O. Box Number is Not Acceptable)				
	GLADE, FL		83							
33430				B4	City			85 Zip	Code	
						ation submits this statement for the pur	FL			
familiar with	n, and accept the obligations of, Sect agrange, species pooled name of rejutered agent	anottic Lappicable IN	S. OTE: Rogistered a			rd of directors. I hereby accept the appearance of directors. I hereby accept the appearance of directors and directors appearance of directors and directors appearance of directors and directors and directors appearance of directors and di	DATE			
12.	OFFICERS AN	D DIRECTORS  **DELETE	13.	1 F		ADDITIONS/OF ANGES TO OFF		Change	Addition	
TITLE NAME	BAUGHMAN DENNIS WAY		12 NAME				_		_	
STREET ADDRESS	9550NW044H3678EE7				ADDRESS					
O(1Y-S1-ZIP	BERRE OF VOE LANGUAGE		14 CH	Y - S	T - ZIP					
Title 1	יטי	PD DELETE		2 1 TITLE				Change	Addition	
NAME	Baughman, Joan 955 NW 4th Street			2 2 NAME					ľ	
STREET ADDR: SS	BELLE GLADE, FL 00000				ADORESS					
C TY-ST-ZIP Title	STD	□ DELETE	2 4 CII 3 1 79		1 - 21P		<b>[</b> ]	Change	Addition	
NAME	GRIFFIN, PEGGY	<b>D</b>	3 2 NA		G	RIFFIN, PEGGY		-		
STREET ADDRESS	799 <b>079</b> 0479044888		3 3 S	REET		738 PALM PEER DRIVE				
CIPY-ST-7IP	BELLE OLADE PL		3 4 CII	Y - S	1. ZIP L	OXAHATCHEE, FL 3347				
101, F		☐ DELFTE	4. 1 Tr	LE				Change	Addition	
NAME			4 2 NA							
STREET ADDRESS					ADDRESS					
CHY ST ZIF		DELETE	4 4 C/1	•	T - ZIP			Change	Addition	
TITLE NAME				5 1 TIFLE 5 2 NAME						
STREET ADORESS					ADDRESS					
CITY-S1-ZIF			5 4 CI							
THE		☐ DELETE	6 1 TI			1		Change	Addition	
NAME			6.2 NA	ME	•	*				
STREET ADDRESS			6.3 ST	REET	ADDRESS					
City-St-7iP			6 4 CI	Y - S	1 - 21P			<del></del>		

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 cath, 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:

DAN M BANGMAN 3/12/96 407-996-3968