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

1-23-96 B-0097-NC-

DOCUMENT # **334574** **(1)**

1. Corporation Name

STATE WIDE SOD AND LANDSCAPING, INC.

Principal Place of Business	Mailing Address
14030 MUSTANG TRAIL FT. LAUDERDALE FL 33330	14030 MUSTANG TRAIL FT. LAUDERDALE FL 33330

3. Date Incorporated or Qualified: **09/05/1968**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1233838** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOVIK,BIRGER
14030 MUSTANG TR
FT LAUDERDALE FL 33330

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 607.1505, 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 _____

12. OFFICERS AND DIRECTORS

1 TITLE	P	☐ DELETE
NAME	SOVIK,BIRGER	
STREET ADDRESS	14030 MUSTANG TRAIL	
CITY ST ZIP	FT. LAUDERDALE FL 33330	
2 TITLE	V	☐ DELETE
NAME	SOVIK,PATRICIA	
STREET ADDRESS	14030 MUSTANG TRAIL	
CITY ST ZIP	DAVIE FL	
3 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
4 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
5 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
6 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY ST ZIP		
9 TITLE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE	☐ Change	☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE	☐ Change	☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, duly furnished and 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.

SIGNATURE: Patricia Sovik Jan 18, 1996 305-384-7942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #