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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 379978 (0)

1. Corporation Name
STUART SOD, INC.

Principal Place of Business

25 LINDEN STREET
P.O. BOX 2071
STUART FL 34995-9071

Mailing Address

25 LINDEN STREET
P.O. BOX 2071
STUART FL 34995-2071



3. Date Incorporated or Qualified 04/05/1971
3a. Date of Last Report 02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1320733

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

10. Name and Address of New Registered Agent

MEYER, REGINALD O
3483 NARRANGANSETT TERR.
STUART FL 34997

81 Name

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

3490 - MARTINIQUE TRACE

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MEYER, REGINALD O
STREET ADDRESS 3483 NARRANGANSETT TERR.
CITY-ST-ZIP STUART FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3490 - MARTINIQUE TRACE, P.O. Box 2055
1.4 CITY-ST-ZIP 34995

☒ Change ☐ Addition

TITLE VD
NAME MEYER, W H
STREET ADDRESS 3726 CYPRESS
CITY-ST-ZIP PALM BEACH GRDNS FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33410

☐ Change ☒ Addition

TITLE STD
NAME MEYER, MARCUS W
STREET ADDRESS 354 GARDEN BLVD
CITY-ST-ZIP PALM BCH GRDNS FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

MARCUS W. MEYER
Sec. TREAS.

1/28/97

561-288-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0471879

CR2E034 (9/96)