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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996	3/4-7 -/	ary of State CORPORATIONS		
OCUMENT # 3856 Corporation Name	70 (5)			
SOIL SYSTEMS, INC.			E MAGICA HICH IANA AUKA AKKI IANA	# <b>111 14</b> 1 <b>14</b> 1 <b>14</b> 2 161 161 161 161 162 162
ncipal Place of Business	Mailing Address			
.R. 441 .O. BOX 1111 POPKA FL 32704	S.R. 441 P.O. BOX 1111 APOPKA FL 32704			
			3. Date Incorporated or Qualified 07/21/1971	3a. Date of Last Report 01/26/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		59-1357570	Not Applical  \$8.75 Additional
	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
/ip Country	Zıçı	Country	This corporation has liability for	Added to Fees intangible tax under s 199.032,
25 9. Name and Address of Cur	29 29 Anent	30	Florida Statutes	□ No
5. Hamo and Address of Col	en negistered Agent	81 Name	10. Name and Address of New F	legistered Agent
ZURBOLA, STEVE J		82 Street Ac	dress (P.O. Box Number is Not Acceptat	viel
595 N. LAKE AVENUE			areas (150, 50x 140/160) to 140/1600 pilat	
APOPKA FL 32712		83		
		84 City		FL 85 Zip Code
familiar with, and accept the obligations of, Si SiNATURE  Signalure, typical or points training of registered as  OFFICERS A		E. Registered Agent signature requ	ired when reinstating  ADDITIONS/CHANGES TO OFF	DATE
ST	DEFELE X	1. 1 TITLE	ADDITIONAL OFF ANGLES TO OFF	Change Additio
ZURBOLA, DEBRA JANE 595 N. LAKE AVENUE APOPKA FL		1.2 NAME 1.3 STREET ADDRESS		
P	DELFTE	14 CHY-ST-ZIP 2 1 TITLE		Change Additio
ZURBOLA, STEVE J.		22 NAME		
FADDRESS 595 N. LAKE AVENUE SEZIP APOPKA FL		2 3 STREET ADDRESS		
31 211 ALOITATE	DELFTE	2 4 CITY-ST-ZIP 3 1 TIFLE		Change Addition
		3 2 NAME		
LADURESS		3.3 STREET ADDRESS		
ST ZIP	[] DELFTE	3 4 CITY - ST - ZIP 4 1 TITLE		Change Addition
		4.2 NAME		Change Addition
LADDRESS		4 3 STREET ADDRESS		
\$1-7 P		4 4 CITY - ST - ZIP		
	DELETE	5 1 TITLE		Change Addition
LADDRESS		5 2 NAME		
\$1.2IP		5 3 STREET ADDRESS 5 4 City-St-Zip		
3.7	DELETE	6 1 TITLE		Change Addition
		6.2 NAME		
LLADORESS		6.3 STREET ADDRESS		
S1-ZIP	chadh this films is ushabadh. Fam's	6 4 City - St-ziP	for the compliance of the state	07/0/41 51 11 0
I do hereby certify that the information supplic certify that the information indicated on this ar- oath; that I am an officer or director of the co- appears in Block 12 or Block 13 if Physical, o	inual report or supplemental annu poration or the receiver or trustec	al report is true and accu emplowered to execute t	ror and exemption stated in Section 119.6 rate and that my signature shall have the his report as required by Chapter 607, Fig.	স (সাম), Fiorida Statutes, Ffurther same legal effect as if made unde xida Statutes; and that my name

SIGNATURE:

2/5/96

407-886-4977

Daylime Phone #