

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **417041** (1)
1. Corporation Name
NATIONAL SOD CORPORATION



| | |
|--|--|
| Principal Place of Business 400 N. TAMPA ST. 2625 PARK TOWER TAMPA FL 33602 US | Mailing Address 400 N. TAMPA ST 2625 PARKTOWER TAMPA FL 33602 US |
|--|--|

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2370 NE 135th Street**
Suite, Apt. #, etc.
22 **201**
City & State
23 **North Miami, Florida**
Zip
24 **33181** Country
25 **US**

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

3. Date Incorporated or Qualified
01/19/1973

| | |
|--|--|
| 4. FEI Number 59-1441625 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**WETHERINGTON, R. WADE
2625 PARK TOWER
400 N. TAMPA ST.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEON, ELADIO | |
| STREET ADDRESS | 7221 N CHURCH | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LEON, PEDRO | |
| STREET ADDRESS | 8010 LA SERENA DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LEON, ISIDRA | |
| STREET ADDRESS | 8010 LA SERENA DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEON, PEDRO | |
| STREET ADDRESS | 8010 LA SERENA DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | WETHERINGTON, R. WADE | |
| STREET ADDRESS | 3321 HENDERSON BLVD | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SD |
| 2.3 STREET ADDRESS | LEON, PEDRO |
| 2.4 CITY-ST-ZIP | 2370 NE 135th Street, #201 North Miami, Florida 33181 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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:

[Signature]

2/2/98

(305)
949-0681

CR2E034 (10/97)