

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

FILED  
Mar 26 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 # 455117 (2)

1. Corporation Name

~~GULFCHORE TURF SUPPLY, INC.~~

ROYAL MANAGEMENT OF PENSACOLA, INC.

NC  
11-12-97

Principal Place of Business

100 EAST ROBERTS RD  
PENSACOLA FL 32534-0185  
US

Mailing Address

PO BOX 7185  
EAST ROBERTS ROAD  
PENSACOLA FL 32534-0185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1974

4. FEI Number

59-1537918

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 3994 BAYPOINTE DRIVE

Suite, Apt. #, etc.

22 GULF BREEZE, FLORIDA

City & State

23

Zip

24 32561

Country

25 USA

2a. Mailing Address

26 3994 BAYPOINTE DRIVE

Suite, Apt. #, etc.

27

City & State

28 GULF BREEZE, FLORIDA

Zip

29 32561

Country

30 USA

9. Name and Address of Current Registered Agent

BARIL ROY T  
3994 BAYPOINTE DR  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

KATHLEEN BARIL

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

3994 BAYPOINTE DRIVE

83

84 City

GULF BREEZE

FL

85 Zip Code

32561

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's signature required when reinstating)

3/8/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME BARIL, ROY T  
STREET ADDRESS 3994 BAYPOINT  
CITY-ST-ZIP GULF BREEZE, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME BARIL, SCOTT  
1.3 STREET ADDRESS 2403 E. LILLIAN LANE  
1.4 CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

5/11/98

2/1/98

CR2E034 (10/97)