

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **680679** (8)

1. Corporation Name  
**JONES TURF GRASS FARM, INC.**



Principal Place of Business: 1708 SE 11TH ST, OCALA FL 34471, US  
Mailing Address: 1708 SE 11TH ST, OCALA FL 34471, US

3. Date Incorporated or Qualified: 08/01/1980  
3a. Date of Last Report: 01/13/1995

2. Principal Place of Business: 21 6251 P.Rd 315  
2a. Mailing Address: 26 Suite, Apt. #, etc.

4. FEI Number: 59-2029150  
Applied For: Not Applicable

22. City & State: 27 Ft. Me Coy, Fla  
23. City & State: 28

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24. Zip: 32134 25 Marion 29 Country: 30

6. Election Campaign Financing:  \$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  
JONES, MARY S.  
1708 S.E. 11TH STREET  
OCALA FL 34471

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: CRAWFORD, G. TERRENCE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2310 S.E. 8TH ST.	CITY-STATE-ZIP: OCALA FL 34471	1.2 NAME:	
TITLE: STD	NAME: JONES, MARY S.	1.3 STREET ADDRESS:	
STREET ADDRESS: 1708 S.E. 11TH ST.	CITY-STATE-ZIP: OCALA FL 34471	1.4 CITY-STATE-ZIP:	
TITLE:	NAME:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary S. Jones 1-17-96 Date (352) 732-3014 Daytime Phone #

CR2E034 (12/95)