

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F52480

1. Entity Name

SOUTHEASTERN TURF GRASS SUPPLY, INC.



FILED
Apr 16, 2007 08:00 A
Secretary of State

Principal Place of Business

6942 PHILLIPS PARKWAY DR. N.
JACKSONVILLE FL 32256
US

Mailing Address

6942 PHILLIPS PKWY. DR., N.
JACKSONVILLE FL 32256
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2143802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKER, ROBERT H.
347 SAN JUAN DRIVE
PONTE VEDRA BCH. FL 32082

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WICKER, ROBERT H
STREET ADDRESS 347 SAN JUAN DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
000000708615
04/24/07-80122-006 150.00

TITLE V
NAME WICKER, JONATHAN C
STREET ADDRESS 44 JACKSON
CITY- ST- ZIP PONTE VEDRA BEACH FL 32083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME WICKER, ROBERT D
STREET ADDRESS 427 SOUTH STREET
CITY- ST- ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan C. Wicker, Vice President 4-12-07 (904)

Date

Daytime Phone #

260-8565