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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006640 (6)

1. Corporation Name
WOERNER TURFMASTER, INC.



Principal Place of Business

P.O. BOX 419
ELBERTA AL 36530

Mailing Address

P.O. BOX 419
ELBERTA AL 36530-0419

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 505 S. Flagler Drive
Suite, Apt. #, etc.

27 Suite 606

City & State

28 West Palm Beach, Fl

Zip

29 33401

Country

30 USA

4. FEI Number
63-1131064

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THRASH, TERRY
7226-B DOGWOOD TERR.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name
CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City
Plantation FL 85 Zip Code
33324

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 provisions of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

PETER F. SOUZA
ASSISTANT SECRETARY

2/12/97

Signature of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOERNER, GEORGE	
STREET ADDRESS	15109 COUNTY ROAD 87	
CITY - ST - ZIP	ELBERTA AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOERNER, EDWARD E	
STREET ADDRESS	26250 BRUHN ROAD	
CITY - ST - ZIP	ELBERTA AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOERNER, LESTER J	
STREET ADDRESS	14262 COUNTY ROAD 87	
CITY - ST - ZIP	ELBERTA AL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOERNER, LARRY	
STREET ADDRESS	7100 KEY HOLE ROAD	
CITY - ST - ZIP	ELBERTA AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOERNER, ROGER	
STREET ADDRESS	26400 WOERNER ROAD	
CITY - ST - ZIP	ELBERTA AL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EDWARD J. WOERNER	
STREET ADDRESS	HWY 87	
CITY - ST - ZIP	ELBERTA AL	

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)