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FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

505 S. FLAGLER DRIVE  
STE. 606  
WEST PALM BEACH FL 33401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 105 West Camphor Ave.

Suite, Apt. #, etc.

City & State

23 Foley AL

Zip

24 36535

Country

2a. Mailing Address

26 105 West Camphor Ave.

Suite, Apt. #, etc.

City & State

28 Foley AL

Zip

29 36535

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME  
SD  
WOERNER, GEORGE  
STREET ADDRESS  
15109 COUNTY ROAD 87  
CITY-ST-ZIP  
ELBERTA AL

TITLE ☒ DELETE

NAME  
D  
WOERNER, EDWARD E  
STREET ADDRESS  
26250 BRUHN ROAD  
CITY-ST-ZIP  
ELBERTA AL

TITLE ☒ DELETE

NAME  
PD  
WOERNER, LESTER J  
STREET ADDRESS  
14262 COUNTY ROAD 87  
CITY-ST-ZIP  
ELBERTA AL

TITLE ☒ DELETE

NAME  
TD  
WOERNER, LARRY  
STREET ADDRESS  
7100 KEY HOLE ROAD  
CITY-ST-ZIP  
ELBERTA AL

TITLE ☐ DELETE

NAME  
VD  
WOERNER, ROGER  
STREET ADDRESS  
26400 WOERNER ROAD  
CITY-ST-ZIP  
ELBERTA AL

TITLE ☐ DELETE

NAME  
VPD  
EDWARD J. WOERNER  
STREET ADDRESS  
HWY 87  
CITY-ST-ZIP  
ELBERTA AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
P / D  
Woerner, George

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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  
S / T / D  
Woerner, Roger

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:

*Edward J. Woerner*

CR2E034 (10/97)