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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000000823 (3)**

1. Corporation Name
SOD SOLUTIONS, INC.

Principal Place of Business
P.O. BOX 460
MT. PLEASANT SC 29465

Mailing Address
P.O. BOX 460
MT. PLEASANT SC 29465-0460

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report: **03/19/1996**

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **57-0998901** ☐ 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

KIRKLAND, ELMER R
4328 STATE ROAD 44
NEW SMYRNA BEACH FL 32168

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, TOBEY A	1.2 NAME	
STREET ADDRESS	1918 OMNI BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PLEASANT SC 29464	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, LEE A	2.2 NAME	
STREET ADDRESS	1918 OMNI BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PLEASANT SC 29464	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, STELLA L	3.2 NAME	
STREET ADDRESS	4328 STATE ROAD 44	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
TITLE	VDC ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, ELMER R	4.2 NAME	
STREET ADDRESS	4328 STATE ROAD 44	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KNOWLES, JIMMY C	5.2 NAME	
STREET ADDRESS	185 HEIMATSWEG RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPIN SC 29036	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, FAY L	6.2 NAME	
STREET ADDRESS	249 FLORATAM TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Tobey M Wagner 3-14-97 803E49128E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Picture #

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