SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 57-0998901	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Change ☒ Addition
NAME	KNOWLES, JIMMY C		5.2 NAME	Gregg Thomas Hendrix
STREET ADDRESS	185 HEIMATSWEG RD.		5.3 STREET ADDRESS	107 Lockwood Drive
CITY-ST-ZIP	CHAPIN SC 29036		5.4 CITY-ST-ZIP	Lexington, SC 29072
TITLE	D	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	COOPER, FAY L		6.2 NAME	Fay L. Loomis (name changed due to marriage)
STREET ADDRESS	249 FLORATAM TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		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: _____ 7-6-98 803-849-1288

CR2E034 (5/98)