FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:15

DOCUMENT # G85610 (5)

1. Corporation Name
FLORITURF SOD TRUCKING, INC.

Principal Place of Business	Mailing Address
POINCIANA BLVD. P O BOX 422268 KISSIMMEE FL 32742	POINCIANA BLVD P.O. BOX 422268, N/A KISSIMMEE FL 32742 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 5197 Eagles Trail	2a. Mailing Address 26 P.O. Box 423368
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee, FL.	City & State 28 Kissimmee FL.
Zip / Country 24 34758 / 25 US	Zip / Country 29 34742 / 30 US

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2382300 ☐ 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	10. Name and Address of New Registered Agent
DAVIS, JERRY 3435 PACKARD AVENUE ST. CLOUD FL 32769	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JERRY	1.2 NAME	
STREET ADDRESS	3435 PACKARD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DONALD E.	2.2 NAME	
STREET ADDRESS	5199 BROOK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☑ Change ☐ Addition
NAME	CAMPBELL, WILLIAM L.	3.2 NAME	P JEANNIN, MARCEL
STREET ADDRESS	12 JAPONICA CT.	3.3 STREET ADDRESS	580 EDEN DRIVE
CITY-ST-ZIP	BRANTFORD, ONT CAN	3.4 CITY-ST-ZIP	ST. CLOUD, FL 32769
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, PAMELA	4.2 NAME	
STREET ADDRESS	2605 SALINA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pamela J. Chase PAMELA J. CHASE 1/26/95 1-407-933-5906
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462868 FP