

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-5172

C

DOCUMENT # G85610

(5)

1. Corporation Name

FLORITURF SOD TRUCKING, INC.



Principal Place of Business

Mailing Address

5197 EAGLES TRAIL
P O BOX 422268
KISSIMMEE FL 34758
US

PO BOX 423368
P.O. BOX 422268 N/A
KISSIMMEE FL 34758
US

3. Date Incorporated or Qualified

02/20/1984

3a. Date of Last Report

01/31/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Donald Johnson

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

5199 Eagles Trail

83

84 City

Kissimmee

FL

85 Zip Code

34759

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]

Donald E. Johnson

4/26/96

(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 PD
NAME DAVIS, JERRY
STREET ADDRESS 3435 PACKARD AVENUE
CITY-ST-ZIP ST. CLOUD FL ☒ DELETE

TITLE VD
NAME JOHNSON, DONALD E.
STREET ADDRESS 5199 BROOK COURT
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE D
NAME JEANNIN, MARCEL
STREET ADDRESS 580 EDEN DRIVE
CITY-ST-ZIP ST. CLOUD FL ☒ DELETE

TITLE STD
NAME CHASE, PAMELA
STREET ADDRESS 2605 SALINA WAY
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
2.1 NAME Johnson, Donald
3.1 STREET ADDRESS 5199 Eagles Trail
4.1 CITY-ST-ZIP Kissimmee, FL 34759

2.2 TITLE ☐ Change ☒ Addition
2.2 NAME Johnson, Nancy
2.3 STREET ADDRESS 5199 Eagles Trail
2.4 CITY-ST-ZIP Kissimmee, FL 34759

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
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 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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

933.5906

Daytime Phone #

CR2E034 (12/95)