

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J07195 (7)
1. Corporation Name
C. FULLERTON SOD & LANDSCAPING COMPANY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1906
ARCADIA FL 33821

P.O. BOX 1906
ARCADIA FL 33821

3. Date Incorporated or Qualified
04/02/1986

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10 S. DEBOTO

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27

City & State

City & State

23 ARCADIA FL

28

Zip

Country

Zip

Country

24 33821

25

DEBOTO

29

30

4. FEI Number
59-2654296

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

FULLERTON, CHARLES W.
15 AIRPORT ROAD
ARCADIA FL 33821

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 of appointment

(If Officer or Registered Agent Signature Required When Resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FULLERTON, CHARLES W.
STREET ADDRESS 15 AIRPORT RD.
CITY-ST-ZIP ARCADIA FL

☐ DELETE

1.1 TITLE D/P
1.2 NAME FULLERTON CHARLES W
1.3 STREET ADDRESS 15 AIRPORT RD
1.4 CITY-ST-ZIP ARCADIA FL 33821
☒ Change ☐ Addition

TITLE VP
NAME ALDRITTON, LAMAR K.
STREET ADDRESS 335 N. VOLUSIA AVE.
CITY-ST-ZIP ARCADIA FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE D/S/T
3.2 NAME JEAN D FULLERTON
3.3 STREET ADDRESS 15 AIRPORT RD
3.4 CITY-ST-ZIP ARCADIA FL 33821
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: Charles W. Fullerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-494-4491
Date: Capital Phone:

CR2E034 (12/95)