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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

WANDA E. PAULK

SIGNATURE:

(0)

LAKE SOD CO., INC. Principal Place of Business Mailing Address % WANDA E. PAULK % WANDA E. PAULK 18 N.E. AVENUE G 18 N.E. AVENUE G BELLE GLADE FL 33430 BELLE GLADE FL 33430 3a. Date of Last Report 01/31/1995 3. Date Incorporated or Qualified 07/09/1986 4. FEI Number 59-1303364 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State Oity & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, √ Yes □ No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PAULK, WANDA É. Street Address (P.O. Box Number is Not Acceptable) 18 N.E. AVENUE G **BELLE GLADE FL 33430** 83 84 City 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE at inclutypest or productival octof registered agont and stocitiacontactic (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1 1 TITLE Change Addition PAULK, WANDA E CR2E034 1.2 NAME 18 NE AVENUE G SERECT ADDRESS 1.3 STREET ADDRESS BELLE GLADE FL CIY-SI-ZiP 1.4 CITY - ST - ZIP DELETE 2 + THEE Change Addition THE 5.530 2.2 NAME STREET ADDRESS 23 STREET ADDRESS C-1Y - ST - 7/F 24 CITY-ST-ZIP DELETE Change ☐ Addition 20116 3 1 TIME NAM 3.2 NAME STREET ADDRESS 33 STREET ADDRESS Oth - \$1, 7(£) 3.4 CITY - ST - 7/P DEL FTE THEF 4 1 1111.6 Change [Addition 4.2 NAME NAM STREET ADDRESS 4.3 STREET ADDRESS $C(1\gamma + S1 + Z)P$ 4.4 CITY - ST - ZIP DELETE Tillif 5 1 TITLE Change ☐ Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY ST-ZIP 5.4 CITY - ST-ZIP DELETE TILL 6 1 THILE Change [] Addition NAM: 62 NAME STREET ADDRESS 6.3 STHEET ADDRESS 64 CHTY - ST - ZIP C.1V - S1 - 7/P 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 apply pent with an address.

2/12/96 (407)996-1150