

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J34015 (4)  
1. Corporation Name  
TURFMASTER OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address  
P.O. BOX 1503 P.O. BOX 1503  
NOKOMIS FL 34274-8503 NOKOMIS FL 34274-8503

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/19/1986 05/01/1995  
4. FEI Number Applied For  
59-2714281 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$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  
HERSCHBERGER, MICHAEL  
183 SHADY PINE LANE  
NOKOMIS FL 34275  
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 607.0532 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME HERSCHEBERGER, MICHAEL, G 1.2 NAME  
STREET ADDRESS 183 SHADY PINE LANE 1.3 STREET ADDRESS  
CITY-ST-ZIP NOKOMIS FL 1.4 CITY-ST-ZIP  
TITLE TD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME HESCHBERGER, MARY, M 2.2 NAME  
STREET ADDRESS 183 SHADY PINE LANE 2.3 STREET ADDRESS  
CITY-ST-ZIP NOKOMIS FL 2.4 CITY-ST-ZIP  
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME 3.2 NAME  
STREET ADDRESS 3.3 STREET ADDRESS  
CITY-ST-ZIP 3.4 CITY-ST-ZIP  
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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)(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:

Michael Herschberger President 4/23/96

941-485-9650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)