

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J54237 (9)
1. Corporation Name
WESCO TURF, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2101 CANTU CT. SARASOTA FL 34232-3242	Mailing Address 2101 CANTU CT. SARASOTA FL 34232-3242
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1987	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2763187	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

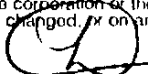
9. Name and Address of Current Registered Agent GAMBLE, WILLIAM J. 241 SHELL MIDDEN CT. OSPREY FL 34229				10. Name and Address of New Registered Agent		
				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC GAMBLE, WILLIAM J.	1.1 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM J.	1.2 NAME	GAMBLE, WILLIAM J III
STREET ADDRESS	241 SHELL MIDDEN CT.	1.3 STREET ADDRESS	241 SHELL MIDDEN CT.
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	OSPREY, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, GREGORY J	2.2 NAME	GAMBLE, WILLIAM J IV
STREET ADDRESS	574 WHIPPORWILL DR	2.3 STREET ADDRESS	2101 CANTU COURT
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ROBERT A.	3.2 NAME	PETERSON, ROBERT A.
STREET ADDRESS	8111 LYNDAL AVE N.	3.3 STREET ADDRESS	2101 CANTU COURT
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LENARD W.	4.2 NAME	MOORE, LENARD W.
STREET ADDRESS	7287 S. LEEWYNN DR.	4.3 STREET ADDRESS	2101 CANTU COURT
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, FARREL	5.2 NAME	
STREET ADDRESS	4036 WESTMINSTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, BRUCE F.	6.2 NAME	
STREET ADDRESS	13579 MONA LEE AVE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  **2/27/98 941-377-6777**

CR2E034 (10/97)