

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90008 018 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J54237
 1. Corporation Name
WESCO TURF, INC.

Principal Place of Business 2101 CANTU CT. SARASOTA FL 34232-3242	Mailing Address 2101 CANTU CT. SARASOTA FL 34232-3242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1987	
21	26	4. FEI Number 59-2763187		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <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 N/A
Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM J III	1.2 NAME	
STREET ADDRESS	241 SHELL MIDDEN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM J IV	2.2 NAME	
STREET ADDRESS	2101 CANTU CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ROBERT A	3.2 NAME	
STREET ADDRESS	2101 CANTU CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LENARD W	4.2 NAME	
STREET ADDRESS	2101 CANTU CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" 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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 9-4-377-6777
Daytime Phone #

CR2E034 (11/98)