

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J65861 (3)

1. Corporation Name

SODCUTTERS, INC.



Principal Place of Business

Mailing Address

% ROBERT S. HANSON
10811 FRUITVILLE ROAD
SARASOTA FL 34240

69 Sinclair Dr
SARASOTA
FL 34240

% ROBERT S. HANSON
10811 FRUITVILLE ROAD
SARASOTA FL 34240

2. Principal Place of Business

2a. Mailing Address

21 69 Sinclair Drive

26 69 Sinclair Drive

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
23 SARASOTA FL

27 City & State
28 SARASOTA, FL

24 Zip 34240

29 Zip 34240

9. Name and Address of Current Registered Agent

HANSON, ROBERTA S.
10811 FRUITVILLE ROAD
SARASOTA FL 34240

69 Sinclair Drive
SARASOTA, FL
34240

3. Date Incorporated or Qualified

04/01/1987

3a. Date of Last Report

07/27/1995

4. FEI Number

59-2797388

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

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

ROBERTA S. HANSON ROBERTA S. HANSON

7-22-94

Signature of the principal officer or registered agent and the corporation

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME WELCH, WILLIAM M.
STREET ADDRESS 10811 FRUITVILLE ROAD
CITY - ST - ZIP SARASOTA FL ☒ DELETE

TITLE D
NAME HANSON, ROBERTA S.
STREET ADDRESS 10811 FRUITVILLE ROAD
CITY - ST - ZIP SARASOTA FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE DIRECTOR / PRESIDENT ☒ Change ☐ Addition
2.2 NAME HANSON, ROBERTA S.
2.3 STREET ADDRESS 470 MORGAN CIRCLE
2.4 CITY - ST - ZIP NOKOMIS, FL 34275

3.1 TITLE DIRECTOR / VP / T / ASST SEC ☐ Change ☒ Addition
3.2 NAME ROBERT A. HANSON
3.3 STREET ADDRESS 470 MORGAN CIRCLE
3.4 CITY - ST - ZIP NOKOMIS, FL 34275

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERTA S. HANSON ROBERTA S. HANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/94

CR2E034 (3/96)