

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 018 ***550.00

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DOCUMENT # **J65861**

Corporation Name
SODCUTTERS, INC.



Principal Place of Business
**1 SINCLAIR DRIVE
10611 FRUITVILLE ROAD
SARASOTA FL 34240**

Mailing Address
**69 SINCLAIR DRIVE
10611 FRUITVILLE ROAD
SARASOTA FL 34240
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	26	04/01/1987	59-2797388	Not Applicable
Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

**HANSON, ROBERTA S.
69 SINCLAIR DR
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

DP	<input type="checkbox"/> DELETE
HANSON, ROBERTA S	
470 MORGAN CIRCLE	
NOKOMIS FL	
DVPT	<input type="checkbox"/> DELETE
HANSON, ROBERT A	
470 MORGAN CIRCLE	
NOKOMIS FL	
VP	<input checked="" type="checkbox"/> DELETE
MARQUARDT, CARL JEFFREY	
776 CARLA DR	
ENGLEWOOD FL	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP KELLEY, TRACI LYNN
3.3 STREET ADDRESS	470 MORGAN CIRCLE
3.4 CITY-ST-ZIP	NOKOMIS, FL 34240
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP KELLEY, TRACI LYNN
4.3 STREET ADDRESS	470 MORGAN CIRCLE
4.4 CITY-ST-ZIP	NOKOMIS FL 34240
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

ROBERTA S. HANSON
9-2-99 (91) 372-3020

CR2E034 (5/99)