

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

MAY - 1 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J67203

(6)

1. Corporation Name

TURF ENTERPRISES, INC.

Principal Place of Business

**3410 SE 4TH PL
CAPE CORAL FL 33904**

Mailing Address

**3410 SE 4TH PL
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1987

3a. Date of Last Report

04/19/1994

4. FID Number

59-2814850

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 a manager has under 12-120-030,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**SIMMONS, MARY
8014 GREENSHIRE DR.
TAMPA FL 33634**

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 607.09(2) 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 607.09(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
WOOTEN, ROGER
3410 SE 4TH PLACE
CAPE CORAL FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DVP
WOOTEN, SHARON
3410 SE 4TH PLACE
CAPE CORAL FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change

☐ Addition

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change

☐ Addition

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change

☐ Addition

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change

☐ Addition

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change

☐ Addition

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted 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. 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 of changes to officers and directors with an address.

SIGNATURE:

Sharon L. Wooten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95