

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K09297 (8)

1. Corporation Name

NORTH FLORIDA SOD FARMS, INCORPORATED

Principal Place of Business

Mailing Address

C/O STEPHEN HENDRICKS
ROUTE 2, BOX 330
LAKE BUTLER FL 32054

C/O STEPHEN HENDRICKS
ROUTE 2, BOX 330
LAKE BUTLER FL 32054



2. Principal Place of Business

2a. Mailing Address

21 Rt. 5 Box 4260

26 Rt. 5 Box 4260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE BUTLER, FLORIDA

28 LAKE BUTLER, FLORIDA

24 Zip

Country

29 Zip

Country

32054

USA

32054

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRICKS, STEPHEN
ROUTE 2, BOX 330
LAKE BUTLER FL 32054

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DP
HENDRICKS, STEPHEN
ROUTE 2, BOX 330
LAKE BUTLER FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DS
HENDRICKS, JOANN
ROUTE 2, BOX 330
LAKE BUTLER FL

☐ 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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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 I certify that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee empowers appears in Block 12 or Block 13 if changed, or on an attachment with an address

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Hendricks 1-17-96 496-2174
Date Daytime Phone #

CR2E034 (12/95)