**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **K09297** **(8)**

1. Corporation Name
**NORTH FLORIDA SOD FARMS, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 5 BOX 4260<br>LAKE BUTLER FL 32054<br>US | RT. 5 BOX 4260<br>LAKE BUTLER FL 32054-9628<br>US |

3. Date Incorporated or Qualified: 12/28/1987
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 59-2861978 ☐ 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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name (SAME) Stephen Hendricks
82 Street Address (P.O. Box Number is Not Acceptable) Rt. 5 BOX 4260
83
84 City LAKE BUTLER FL 85 Zip Code 32054

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | HENDRICKS, STEPHEN | | 1.2 NAME | Stephen Hendricks | |
| STREET ADDRESS | ROUTE 2, BOX 330 | | 1.3 STREET ADDRESS | Rt. 5 BOX 4260 | |
| CITY-ST-ZIP | LAKE BUTLER FL | | 1.4 CITY-ST-ZIP | LAKE BUTLER, FLORIDA 32054 | |
| TITLE | DS | ☐ DELETE | 2.1 TITLE | DS | ☒ Change ☐ Addition |
| NAME | HENDRICKS, JOANN | | 2.2 NAME | JO ANN Hendricks | |
| STREET ADDRESS | ROUTE 2, BOX 330 | | 2.3 STREET ADDRESS | Rt. 5 Box 4260 | |
| CITY-ST-ZIP | LAKE BUTLER FL | | 2.4 CITY-ST-ZIP | LAKE BUTLER, FLORIDA 32054 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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:** Stephen Hendricks Stephen Hendricks 1-10-97 (904) 496-2174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #