FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K31348** **(1)**

1. Corporation Name

LEAL SOD SERVICE, INC.

Principal Place of Business	Mailing Address
1713 MANATEE AVE W BRADENTON FL 34206 US	P.O. BOX 1205 BRADENTON FL 34206 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1988**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0065531**	☐ 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
7. This corporation has [illegible] for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / 29:
County — 25: / 30:

9. Name and Address of Current Registered Agent

LEAL, SANTIAGO G
5400 26TH ST W
APT P265
BRADENTON FL 34208

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 Section 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	11 TITLE	☐ Change ☐ Addition
NAME	LEAL, SANTIAGO G	12 NAME	
STREET ADDRESS	5400 26TH ST W APT P265	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEAL, PABLO	22 NAME	
STREET ADDRESS	1713 MANATEE AVE W	23 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	NARVAREZ, MARTHA	32 NAME	
STREET ADDRESS	1218 22ND AVE W	33 STREET ADDRESS	
CITY ST ZIP	PALMETTO FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LEAL, ARMANDO	42 NAME	
STREET ADDRESS	1713 MANATEE AVE	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Santiago Leal SANTIAGO G. LEAL 813-748-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

045A00 FP