

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K31348** (1)
1. Corporation Name
LEAL SOD SERVICE, INC.



Principal Place of Business
~~1713 MANATEE AVE W~~
~~BRADENTON FL 34206~~
~~US~~

Mailing Address
P.O. BOX 1205
BRADENTON FL 34206
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 822 117th St. E Suite, Apt. #, etc. 22 City & State 23 Bradenton FL Zip 24 34202 Country 25 U.S.A		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/18/1988	
		4. FEI Number 65-0065531		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEAL, SANTIAGO G 955 53RD STREET EAST APT. 420 BRADENTON FL 34206				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 822 117th St. E 83 84 City Bradenton FL 85 Zip Code 34202	
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	PV
NAME	LEAL, SANTIAGO G	1.2 NAME	Leal, Santiago G.
STREET ADDRESS	5400 20TH ST W APT P205	1.3 STREET ADDRESS	822 117th St. E
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL
TITLE	VP	2.1 TITLE	
NAME	LEAL, PABLO	2.2 NAME	
STREET ADDRESS	1713 MANATEE AVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	NARVAEZ, MARTHA	3.2 NAME	
STREET ADDRESS	1218 22ND AVE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	LEAL, ARMANDO	4.2 NAME	
STREET ADDRESS	1713 MANATEE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: Martha P. Narvaez

4/28/98

CR2E034 (10/97)