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Mar 18 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 # K44570 (5)

1. Corporation Name
FLORIDA CARTER SOD, INC.

Principal Place of Business

12905 PHILLIPS HWY
JACKSONVILLE FL 32224
US

Mailing Address

12905 PHILLIPS HWY
7441 ROSCO AVENUE
JACKSONVILLE FL 32256-1784
US

3. Date Incorporated or Qualified
11/10/1988

3a. Date of Last Report
10/14/1996

4. FEI Number
59-2920903

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9838 Old Baymeadows Rd.

22 City & State

27 Suite 181

23 Zip

Country

28 JAX., FL

29 32256

30 DUVAL

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

CARTER, SUSAN E
12905 PHILLIPS HWY
JACKSONVILLE FL 32224

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 607.0552 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 my obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Susan E. Carter

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PSDT	CARTER, SUSAN E.	12905 PHILLIPS HWY	JACKSONVILLE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Susan E. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0040474

CP2E034 (9/96)