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PROFIT CORPORATION ANNUAL REPORT



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

1996

| PARKE | ER SOD FARMS, INC. | | | | | | |
|---|--|---|--|--|--|--|--|
| incipa! Place | of Business | Mailing Address | | - I 1001011/1 6 74 19001 90 400 8 4 00 0 1 | DIT BIB) BIBH DIBH BIBH BIBH BIBH BIBH DIBH IBB | | |
| % ROBERT A. SANDOW 110 NORTH OHIO AVENUE LIVE OAK FL 32060 | | PARKER SOD FARMS PO BOX 668 NA | JAC | | | | |
| LIVE OAK F | L 32060 | LIVE OAK FL 32060 US | ame | 3. Date incorporated or Qualified 03/01/1989 | 3a. Date of Last Report 06/02/1995 | | |
| Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | |
| 12 | ene Rd. | 26 Parker | Sod Farms Inc | 59-3021850 | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | عمد لولو ج | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | o Ook El | City & State | ck M | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | Country | Zip | Country | This corporation has liability for | | | |
| 3006 | | 29 32060 | 30 Sun. | Florida Statutes | s □No | | |
| | g. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New | Registered Agent | | |
| | | | 81 Name | | | | |
| | IW, ROBERT A. PRTH OHIO AVENUE | | 82 Street Addr | ess (P.O. Box Number is Not Accepta | able) | | |
| | AK FL 32060 | | 83 | | | | |
| | | | | | 85 Zip Code | | |
| | | | 84 City | | | | |
| L. Durgungt t | o the provisions of Costions 607 050 | 02 and 607 1509. Florida Statut | | ration submite this statement for the nu | FL T | | |
| or register | o the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec | rida. Such change was authoriz | es, the above-named corpor red by the corporation's boar | ration submits this statement for the pure difference of directors. It hereby accept the appropriate the pure of t | FL | | |
| or register familiar wit | ed agent, or both, in the State of Flor th, and accept the obligations of, Sec | rida. Such change was authoriz ction 607.0505, Florida Statutes | es, the above-named corpored by the corporation's boars. | rd of directors. I hereby accept the app | urpose of changing its registered offi pointment as registered agent. I am | | |
| or register familiar wit GNATURE _ | ed agent, or both, in the State of Floi th, and accept the obligations of, Sec Signature, typed or priviled name of registered ago | rida. Such change was authoriz ction 607.0505, Florida Statutes | es, the above-named corpor red by the corporation's boar | rd of directors. I hereby accept the app | FL urgose of changing its registered office | | |
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SIGNATURE:

STATES NAME OF SIGNING OFFICER OR DIRECTOR

GOY-963-576/6 Daytune Prone 1