May 05, 1999 8:00 am Secretary of State

05-05-1999 90104 047 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K70244

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PARKER SOD FARMS, INC.

RT 2 BOX 130-40 63RD DR LIVE OAK FL 32060 US		P.O. BOX 668 PO BOX 668 NA LIVE OAK FL 32060 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1989						
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		T	Applie	d For	
21 10 85% 631d Dr. 26 P.O.			Box 668			59-3021850				pplicable	
Suite, Apt.		Suite, Apt. #, etc.					_ \$8.75 Additional			itional	
22		27				Certificate of Status Des	sired	Fee	e Requi	red	
City & Stat	Te Oak FI	City & State 28 L. Ve Oak F1.				6. Election Campaign Fina Trust Fund Contribution	- 11	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	try	_	8. This corporation owes t	he current year In		_		
24 3200	00 25 Suvanne			u	<u> </u>			∐ Yes		No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
CANDOW DODEDT A					81 Name						
Sandow, Robert A. 110 North Ohio Avenue				82 Street Address (P.O. Box Number is Not Acceptable)						$\neg \neg$	
LIVE OAK FL 32060											
LIVE	UAN FL 32000			B3							
			Į.	B4	City		FI	85	Zip Cod	le	
		and 607 1500. Florida Statutas	the ab		amod corpor	ation cubmits this statement		-	n its ren	istered	
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 register 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.										ered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statut	es.							
SIGNATURE		(NOTE: E	Inciptored A	cont o	ignature required v	then reinstating)	DATE			}	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	gent si	ignature reduced a	ADDITIONS/CHANGES		ND DIRE	CTORS	IN 12	
TITLE	D DELETE 1.1			E		7,0011101107011111020	10 011102110	☐ Cha		Addition	
NAME	PARKER, RICHARD D.	_	1.2 NAM	Æ							
STREET ADDRESS	10856 63RD DRIVE		1.3 STR		ODRESS					İ	
	LIVE OAK FL		1.4 CIT								
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NAME	PARKER, DENA		22 NAME								
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TITLE			_	3.1 TITLE				[] Chai	nge [Addition	
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CITY-ST-ZIP			4.4 CITY							į	
TITLE		☐ DELETE	5.1 TITL					☐ Cha	ınge	Addition	
NAME	`		5.2 NAM								
STREET ADDRESS			5.3 STR	EET A	DDRESS						
CITY-ST-7IP			5.4 CfT	-ST-Z	SP						

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 on 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, with all other like empowered. SIGNATURE:

DELETE

☐ Addition

☐ Change