


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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K75563 (2)</b>		
1. Corporation Name <b>DEBUSK SOD, INC.</b>		



Principal Place of Business <b>C/O SUSAN D. MEAGHER 7555 E. TURNER CAMP ROAD INVERNESS FL 34453 US</b>	Mailing Address <b>C/O SUSAN D. MEAGHER 7555 E. TURNER CAMP ROAD INVERNESS FL 34453 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 DeBusk Sod, Inc.</b> Suits, Apt. W, etc. <b>22 2240 N. Skeeter Terrace</b> City, State <b>23 Hernando, FL 34442</b> Zip <b>24 352-637-5518</b> Country <b>25 Citrus</b>	2a. Mailing Address <b>26 DeBusk Sod, Inc.</b> Suits, Apt. W, etc. <b>27 2240 N. Skeeter Terrace</b> City, State <b>28 Hernando, FL 34442</b> Zip <b>29 352-637-5518</b> Country <b>30 Citrus</b>
---	--

3. Date Incorporated or Qualified <b>03/27/1989</b>	4. FEI Number <b>59-2943094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MEAGHER, SUSAN D. 7555 E. TURNER CAMP ROAD INVERNESS FL 32650</b>	10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 James J. and Susan D. Meagher 7555 E. Turner Camp Rd. 84 Inverness, FL 32650 85 Zip Code FL</b>
---	---

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 **NIA**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MEAGHER, SUSAN D.</b>
STREET ADDRESS	<b>7555 E. TURNER CAMP RD.</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MEAGHER, JAMES J.</b>
STREET ADDRESS	<b>7555 E. TURNER CAMP RD.</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 D. Meagher** **3-5-98** **352-637-5518**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0467450**

CR2E034 (10/97)