FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48848** **(8)**

1. Corporation Name

TURF MECHANICS ASSOCIATION OF SOUTH EAST FLORIDA , INC.

Principal Place of Business	Mailing Address
5099 SANDUSKY AVENUE LAKE WORTH FL 33463	5099 SANDUSKY AVENUE LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0318760	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANNING, DONALD D., SR. 5099 SANDUSKY AVENUE LAKE WORTH FL 33463	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 607.0502 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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	VPD ☒ Change ☐ Addition
NAME	PAYETTE, RON	12 NAME	ROY PAYTON
STREET ADDRESS	508 ASPEN RD.	13 STREET ADDRESS	11111 SACCO DRIVE
CITY ST ZIP	WEST PALM BCH FL	14 CITY ST ZIP	BOCA RATON, FL 33428
TITLE	D	21 TITLE	SD ☒ Change ☐ Addition
NAME	JAMES, HOWELL	22 NAME	DOUGLAS ADAMS
STREET ADDRESS	324 CATLINA CT	23 STREET ADDRESS	881 SUMPTER Rd. WEST
CITY ST ZIP	WEST PALM BCH FL	24 CITY ST ZIP	WEST PALM BEACH, FL. 33415
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PARSONS, RICHARD F	32 NAME	
STREET ADDRESS	5750 ITHACA CIR EAST	33 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	LANNING, DONALD S	42 NAME	
STREET ADDRESS	5099 SANDUSKY AVE.	43 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/21/95 407-969-7842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061010