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**DOCUMENT #** 

P02000100958

1. Entity Name STATE LINE TURF, INC.



Principal Place of Business 10590 COUNTY RD 132 LIVE OAK FL 32060	2. Principal Place of Business 4777 NW 49 Suite, Apt. #, etc.  City & State Jenn, na 5, Zip Co. 32053	TL OL	Mailing Address  YOUNG Apt. #, etc.	1 49th PL				
10590 COUNTY RD 132 LIVE OAK FL 32080  2. Principal Place of Business 4177 NW 49th PL Suite, Apt. #, etc.  City & State Jenn, No. 5, FL Zip Country 3. Mailing Address City & State Jenn, No. 5, FL Zip Country 3. Mailing Address City & State Jenn, No. 5, FL Zip Country 3. Mailing Address City & State Jenn, No. 5, FL Zip Country 3. Mailing Address City & State Jenn, No. 5, FL Zip Country 3. Mailing Address City & State Jenn, No. 5, FL Zip Country 3. Mailing Address Country 3. Mailing Address Applied Applied State Jenn, No. 5, FL Zip Country 3. Mailing Address Applied Applied State Jenn, No. 5, FL Zip Country 3. Mailing Address Applied Applied Applied State State Applied Applied Status Desired Status Desir	2. Principal Place of Business 4777 NW 49 Suite, Apt. #, etc.  City & State Jenn, na 5, Zip Co. 32053	TL OL	Mailing Address  YOUNG Apt. #, etc.	1 49th PL				
LIVE OAK FL 32060  LIVE OAK FL 32064  LIVE OAK FL 3	2. Principal Place of Business 4777 NW 49 Suite, Apt. #, etc.  City & State Jenn, no. 5, Zip Cc. 33053	TL OL	Mailing Address  Mailing Address  N  N  Suite, Apt. #, etc.	1 49th PL				
2. Principal Place of Business 477 NN 49 <sup>th</sup> PL Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Jenning S Country  Zip Sip Signature and Address of Current Registered Agent  Name  DECKER, ANDREW J III 320 WHITE AVE LIVE OAK FL 32064  Signature, typed or printed name of registered agent and title # applicable  (NoTE: Registered Agent signature required when reinstating)  Atter May 1, 2003 Fee, will be \$550.00  After May 1, 2003 Fee, will be \$550.00  Suite, Apt. #, etc.  CHECK HERE IF MAKING CHANGES  Applied  Not App  Country Signature, typed or printed name of registered Agent  3. Mailing Address 4. FEI Number Country Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee, will be \$550.00	2. Principal Place of Business 4117 NW 49 Suite, Apt. #, etc.  City & State Jenn, N& 5, Zip CC. 33053	TL OL 3.	Mailing Address 400 Nw Suite, Apt. #, etc.	1 49th PL				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   DS - 0532862   Not Applied   Not Applied   Not Applied   Not Applied   Suite, Apt. #, etc.   City & State   Applied   State   DS - 0532862   Not Applied   Not Applied   Not Applied   State   Status Desired   Status Desire	City & State    Zip   Cc.   32053   Cc.	FL Suntry	Y777 Nw Suite, Apt. #, etc.	1 49th PL				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   DS - 0532862   Not Applied   Not Applied   Not Applied   Not Applied   Suite, Apt. #, etc.   City & State   Applied   State   DS - 0532862   Not Applied   Not Applied   Not Applied   State   Status Desired   Status Desire	City & State    Zip   Cc.   32053   Cc.	FL Suntry	Y777 Nw Suite, Apt. #, etc.	1 49th PL				
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES	City & State    Zip   Cc.   32053   Cc.	FL Suntry	Y777 Nw Suite, Apt. #, etc.	1 49th PL	☐ CHECK HERE	E IF MAKING C	HANGES	
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES	Suite, Apt. #, etc.  City & State  Jenn, na S.  Zip Cc.  32053	FL	Suite, Apt. #, etc.	1 91- PL	☐ CHECK HERE	E IF MAKING C	HANGES	
City & State  Jenn, no. 5. FL  Zip  Zip  32053  Country  6. Name and Address of Current Registered Agent  Name  DECKER, ANDREW J III  320 WHITE AVE  LIVE OAK FL 32064  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	City & State  Jenn, ng 5,  Zip  Co  32053	FL			☐ CHECK HERE	E IF MAKING C	HANGES	
Tenn, rog 5  Country 3x053  Street Address of Status Desired I \$8.75 Additional Fee Required  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SiGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	Jenni, ng 5, 210 32053	Pluntry	City & State				TIMES	
Tenn, rog 5  Country 3x053  Street Address of Status Desired I \$8.75 Additional Fee Required  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SiGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	Jenni, ng 5, 210 32053	Pluntry	City & State					
Zip 3253 Country 3	Zip _3x53 Co	Duntry		Γ.			Ap	plied For
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DECKER, ANDREW J III 320 WHITE AVE LIVE OAK FL 32064  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	_32053	ountry . $\Delta$	Jennings	<u> </u>	05-0532	862	No	t Applicable
6. Name and Address of Current Registered Agent  Name  DECKER, ANDREW J III  320 WHITE AVE  LIVE OAK FL 32064  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Added to Fe			Zip	Country	E Cortificate of Status Desired	□ \$8	8.75 Add	litional
DECKER, ANDREW J III 320 WHITE AVE LIVE OAK FL 32064  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	6. Name and	UOT	32050	u SA	5. Certificate of Status Desired	اسا Fe	e_Require	d
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320 WHITE AVE LIVE OAK FL 32064  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00				Name				
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LIVE OAK FL 32064  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee; will be \$550.00				Street Addres	s (P.O. Box Number is Not Acceptab	le)		
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	10.	OFFICERS AND DIREC	TODE				Added	
TITLE D Change TITLE	TITLE D		IUna	11.	ADDITIONS/CHANGES TO OF		Added	
NAME NOBLES, LONNIE W. PAME					ADDITIONS/CHANGES TO OF	FICERS AND D	Added	
STREET ADDRESS 10590 COUNTY RD 132 STREET ADDRESS	NAME NOBLES, LONI	NIE W.		TITLE	ADDITIONS/CHANGES TO OF	FICERS AND D	Added	S IN 11
CITY-ST-ZIP LIVE OAK FL 32060				TITLE NAME	ADDITIONS/CHANGES TO OF	FICERS AND D	Added	S IN 11
	STREET ADDRESS 10590 COUNT	Y RD 132		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND D	Added	S IN 11
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NAME   STREET ADDRESS   A777 NW 49TH PL   STREET ADDRESS   CITY-ST-ZIP   JENNINGS FL 32053   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   DAVIS, JOEY   STREET ADDRESS   CITY-ST-ZIP   DAVIS, JOEY   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   DAVIS, JOEY   STREET ADDRESS   CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP  LIVE OAK FL 3  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Y RD 132 12060 E I PL 32053 LES * DR FL 34974	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND D	Added IRECTORS Change Change Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP JENNINGS FL 32053:  TITLE D HILYER, CHARLES STREET ADDRESS CITY-ST-ZIP  TITLE D HILYER, CHARLES STREET ADDRESS CITY-ST-ZIP  TITLE D D STREET ADDRESS CITY-ST-ZIP  TITLE D D Delete TITLE D D DAVIS, JOEY STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP  LIVE OAK FL 3  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y RD 132 12060 E I PL 32053 LES * DR FL 34974	Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND D	Added IRECTORS Change Change Change Change	Addition  Addition  Addition  Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #