

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

SEP 23 PM 4:19

DOCUMENT # P35095 (9)

1. Corporation Name
SUR-LINE TURF, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 19637 GORGAS RD, NORTHPORT AL 35476 US
Mailing Address: 19637 GORGAS RD, 196374 GORGAS RD, NORTHPORT AL 35476 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 08/08/1991	3a. Date of Last Report 06/28/1994
4. FEI Number 63-0103516	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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: _____

12. OFFICERS AND DIRECTORS

12a. TITLE	PD
12b. NAME	LAMBERT, LOUIS N.
12c. STREET ADDRESS	19637 GORGAS RD.
12d. CITY-STATE-ZIP	NORTHPORT AL
12e. TITLE	SD
12f. NAME	MASSEY, PAUL C.
12g. STREET ADDRESS	196374 GORGAS RD.
12h. CITY-STATE-ZIP	NORTHPORT AL
12i. TITLE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY-STATE-ZIP	
12m. TITLE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY-STATE-ZIP	
12q. TITLE	
12r. NAME	
12s. STREET ADDRESS	
12t. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	
13d. CITY-STATE-ZIP	
13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	
13g. STREET ADDRESS	
13h. CITY-STATE-ZIP	
13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY-STATE-ZIP	
13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY-STATE-ZIP	
13q. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13r. NAME	
13s. STREET ADDRESS	
13t. CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.0380, 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 on Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Louis N. Lambert*
LOUIS N. LAMBERT

2/16/95 205-333-1776