

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

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-01-1999 90006 004 \*\*\*\*150.00

**DOCUMENT # P35095**

1. Corporation Name  
**SUR-LINE TURF, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**19637 GORGAS RD  
 NORTHPORT AL 35476  
 US**

Mailing Address  
**19637 GORGAS RD  
 NORTHPORT AL 35476  
 US**

3. Date Incorporated or Qualified  
**08/08/1991**

4. FEI Number  
**63-0103516**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD LAMBERT, LOUIS N.**

STREET ADDRESS **19637 GORGAS RD.**

CITY-ST-ZIP **NORTHPORT AL**

TITLE  DELETE

NAME **SD MASSEY, PAUL C.**

STREET ADDRESS **196374 GORGAS RD.**

CITY-ST-ZIP **NORTHPORT AL**

TITLE  DELETE

NAME **CT CORPORATION SYSTEM**

STREET ADDRESS **1200 S. PINE ISLAND ROAD**

CITY-ST-ZIP **PLANTATION FL 33324**

TITLE  DELETE

NAME **PD**

STREET ADDRESS **19637 GORGAS RD.**

CITY-ST-ZIP **NORTHPORT AL**

TITLE  DELETE

NAME **SD**

STREET ADDRESS **19637 GORGAS RD.**

CITY-ST-ZIP **NORTHPORT AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **63-0103516**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **08/08/1991**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **63-0103516**

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE **Louis N. Lambert** 1/14/99 205-333-1776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)