

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009823
1 Corporation Name

HURRICANE TURF SERVICES, INC.

Principal Place of Business ~~Saint Edmunds Loop~~
Mailing Address

6941 ~~EDMUNDS~~ EDWARDS LOOP
FORT MYERS, FL
33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12-1-92	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0375194	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Glenn Zakany				81 Name	
6941 Saint Edmunds Loop				82 Street Address (P.O. Box Number is Not Acceptable)	
Fort Myers, FL 33912				6941 Saint Edmunds Loop	
				84 City	
				Fort Myers	
				FL 85	
				33912	
11. Pursuant to the provisions of Sections 607.0302 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 of person in registered office and to be collected		Signature of Agent (signature required when registering)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition	

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.

CR2E034 (10/97)