

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000029495 (7)

1. Corporation Name

EMERALD CITY SOD, INC.

95 JAN 19 AM 11:50

Principal Place of Business

**3270 FOWLER ST.
UNIT 3
FT. MYERS FL 33902**

Mailing Address

**P.O. BOX 2668
FT. MYERS FL 33902**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0406387

Applied For

Not Applicable

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARBONELL, TERRY L
3270 FOWLER ST.
UNIT 3
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, JOHNNY
STREET ADDRESS 3011 DOUGLAS ST.
CITY - ST - ZIP FT. MYERS FL 33918

TITLE VD
NAME GRAHAM, EMMA
STREET ADDRESS 3011 DOUGLAS ST.
CITY - ST - ZIP FT. MYERS FL 33916

TITLE SD
NAME CARBONELL, TERRY L
STREET ADDRESS 2560 MORENO AVE.
CITY - ST - ZIP FT. MYERS FL 33901

TITLE TD
NAME CARBONELL, MARIO
STREET ADDRESS 2560 MORENO AVE.
CITY - ST - ZIP FT. MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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.

SIGNATURE:

Terry L Carbonell, sec

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR

1-11-95

(813) 936-7277

Date

Telephone Area #