

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

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AND
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97 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000029495 (7)

1. Corporation Name

EMERALD CITY SOD, INC.

Principal Place of Business

3270 FOWLER ST.
UNIT 3
FT. MYERS FL 33902

Mailing Address

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

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

01/22/1996

2. Principal Place of Business

21 2560 MORENO AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Subc. Apt. #, etc.

23 City & State

Fort MYERS FL

27 City & State

28 City & State

24 Zip

33901

25 Country

USA

29 Zip

30 Country

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)

2560 MORENO AVE

83

84 City

Fort MYERS

FL

85 Zip Code

33901

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

Terry L Carbonell

1-8-97

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME GRAHAM, JOHNNY
STREET ADDRESS 3011 DOUGLAS ST.
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

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 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.

SIGNATURE:

Terry L Carbonell

1-8-97 941-936-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0406089

CR2E034 (9/96)