

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2580 MORENO AVE.
UNIT 3
FT. MYERS FL 33901
US

P.O. BOX 2668
FT. MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number

65-0406387

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3011 DOUGLAS ST

Suite, Apt. #, etc.

22 -

City & State

23 FORT MYERS FL

24 Zip 33916

25 Country USA

2a. Mailing Address

26 P.O. Box 2188

Suite, Apt. #, etc.

27 -

City & State

28 Fort Myers FL

29 Zip 33902

30 Country USA

9. Name and Address of Current Registered Agent

CARBONELL, TERRY L
2580 MORENO AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

JOHNNY M. GRAHAM

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

3011 DOUGLAS ST

83

84 City

Fort Myers

FL

85 Zip Code 33916

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 *Johnny M. Graham*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-98

12. OFFICERS AND DIRECTORS

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

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

TITLE SD
NAME CARBONELL, TERRY L
STREET ADDRESS 2580 MORENO AVE.
CITY-ST-ZIP FT. MYERS FL 33901 ☒ DELETE

TITLE TD
NAME CARBONELL, MARIO
STREET ADDRESS 2580 MORENO AVE.
CITY-ST-ZIP FT. MYERS FL 33901 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SEC ☐ 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 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 *Johnny M. Graham*

1-3-98 941-334-1095

CR2E034 (10/97)