

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000088623 (2)

1. Corporation Name

SOUTHERN GROUNDCOVER, INC.



Principal Place of Business

4131 N.W. 13TH STREET
STE. 228
GAINESVILLE FL 32609

Mailing Address

4131 N.W. 13TH STREET
STE. 228
GAINESVILLE FL 32609

2. Principal Place of Business

21 1338 S. Main St

Suite, Apt. #, etc.

22

City & State

23 Lake Park GA

Zip

24 31636

Country

25 USA

2a. Mailing Address

26 1338 S Main St

Suite, Apt. #, etc.

27

City & State

28 Lake Park GA

Zip

29 31636

Country

30 USA

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

03/15/1995

4. FEI Number

59-3217337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DAVIDSON, ALBERT
4131 N.W. 13TH STREET
STE. 228
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name R. DAVID PRESCOTT
82 Street Address (P.O. Box Number is Not Acceptable)
Cutlodge, Econia, Et. AL.
83 215 S. MONROE ST., Suite 420
84 City Tallahassee FL 85 Zip Code 32301

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]

(NOTE: Registered Agent's signature required when resigning)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	D/O	<input type="checkbox"/> DELETE
NAME	DAVIDSON, ALBERT	
STREET ADDRESS	C/O 4131 NW 13TH STREET STE. 228	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D/O	<input type="checkbox"/> DELETE
NAME	GUNTER, GARY	
STREET ADDRESS	C/O 4131 NW 13TH STREET STE. 228	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	TEMPLE, ROBERT	<input type="checkbox"/> DELETE
NAME	5420 WOOD DUCK WAY	
STREET ADDRESS	LAKE PARK, GA 31636	
CITY-ST-ZIP	LAKE PARK, GA 31636	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	(Address) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Skyline Ranch #43
2.3 STREET ADDRESS	JACKSON, WY 83001
2.4 CITY-ST-ZIP	
3.1 TITLE	D/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TEMPLE, ROBERT
3.3 STREET ADDRESS	5420 WOOD DUCK WAY
3.4 CITY-ST-ZIP	LAKE PARK, GA 31636
4.1 TITLE	DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NORMAN I. MCRAE
4.3 STREET ADDRESS	C/O 4131 NW 13TH ST. STE 228
4.4 CITY-ST-ZIP	GAINESVILLE FL 32609
5.1 TITLE	600001812796 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/08/96--01016--031
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President and Director

4/26/96

912-559-9019

Day

Daytime Phone #

CR2E034 (12/95)