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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMEN'	Γ#	P940	0001	020	03

1. Corporation Name

R & G SOD FARMS, INC.

FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90003 006 ***150.00

		[13 50 15 50 910 1 5 50		
Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE			
ISJRY COUNTY RD 512 FEJIOMERE FL 32948 US	P.O. BOX 869 Lake Wales FL 33859 US				
	••	3. Date Incorporated or Qualifed 01/31/1994			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For	
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\$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing িty & State Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible Country **■**No 🔲 Yes Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

MYERS, C B II 130 E CENTRAL AVE LAKE WALES FL 33853

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83		 	
84	City	 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. INOTE.	Registered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	PD DELETE	' t TITLE	Change Addition
NAME	RESMONDO, GARY L	1 2 NAME	
STEELT ADDRESS	P O BOX 869 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33859-0869	1.4 CITY- ST- ZIP	
TIPE	VD DELETE	2.1 TITLE	Change Addition
NALIE	GRESSINGER, WILLIAM D JR	2.2 NAME	
STREET ADDRESS	P O BOX 869 N/A	2.3 STREET ADDRESS	<u> </u>
CITY ST-ZIP	LAKE WALES FL 33859-0869	2.4 CITY-ST-ZIP	
mi.	ST DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRESSINGER, WILLIAM D JR	3.2 NAME	
STREET ADDRESS	P O 80X 869 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33859-0869	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	41-TITLE	Change C Additio:
NAME		4, 2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Additio:
тіп.Є	☐ DELETE	5.1 TIFLE	☐ Change ☐ Addition
N 4ME		52 NAME	• *
STFEET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Additic:
TILE	☐ DELETE	6.1 TITLE	Change Addition
NA' E		62 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		5.3 STREET ADDRESS	
		Laucity-st-zip	· · · ·

14. I nereby 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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of the agreement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Daytime Phon