

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

55 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043717 (5)

1. Corporation Name

DOUBLE SS SOD COMPANY

Principal Place of Business

13851 SW 26 ST
DAVIE FL 33325

Mailing Address

13851 SW 26 ST
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13851 SW. 26 ST

2a. Mailing Address

26 13851 SW. 26 ST

Suite, Apt. #, etc.

22 D

Suite, Apt. #, etc.

27

City & State

23 DAVIE, FL

City & State

28 DAVIE, FL

4. Zip

24 33325

Country

25 Broward

29 33325

Country

30 Broward

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
6/6/94

4. EIN Number
65-048150

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

7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes Yes No

8. Name and Address of Current Registered Agent

SULLIVAN, STEVE J
13851 SW 26 ST
DAVIE FL 33325

81 Name Steve Sullivan
82 Street Address (P.O. Box Number is Not Acceptable)
13851 SW. 26 ST
83
84 City DAVIE FL 85 Zip Code 33325

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

Steve Sullivan

RECORDED AND INDEXED

JULY 1 1994

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	D	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, STEVE	1.2 NAME	
STREET ADDRESS	13851 SW 26 ST	1.3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33325	1.4 CITY ST ZIP	
OFFICE	D	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LEANNE J	2.2 NAME	
STREET ADDRESS	13851 SW 26 ST	2.3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33325	2.4 CITY ST ZIP	
OFFICE		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
OFFICE		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
OFFICE		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
OFFICE		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 appointed to file 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: Leanne Sullivan 4/30/75 305-475-9787
Signature and typed on printed name of signing officer or director

Date

Digitized Date 9/18/2014