FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000047362 (6)**

1. Corporation Name
J & E SOD CO., INC.

Principal Place of Business	Mailing Address
ROUTE 2. BOX 127 ALACHUA FL 32615 US	ROUTE 3. BOX 203 LAKE BUTLER FL 32054-9450 US

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business
21 **5610 NW 262 Avenue**
22 Suite, Apt. #, etc.
23 City & State: **Alachua, Florida**
24 Zip: **32615** 25 Country: **US**

2a. Mailing Address
26 **5610 NW 262 Avenue**
27 Suite, Apt. #, etc.
28 City & State: **Alachua, Florida**
29 Zip: **32615** 30 Country: **US**

4. FEI Number: **59-3255825** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TEST, KATIE
RT. 3. BOX 209
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

81 Name: **Cindy L. Rawls**
82 Street Address (P.O. Box Number is Not Acceptable): **5610 NW 262 Avenue**
83
84 City: **Alachua** **FL** 85 Zip Code: **32615**

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: Cindy L. Rawls — Signature, typed or printed name of registered agent and title if applicable
Cindy L. Rawls New Registered Agent — NOTE: Registered Agent signature required when reinstating
April 26, 97 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, DELBERT		1.2 NAME	Rawls, John	
STREET ADDRESS	ROUTE 3 BOX 308		1.3 STREET ADDRESS	5610 NW 262 Avenue	
CITY-ST-ZIP	LAKE BUTLER FL		1.4 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	TEST, KATIE		2.2 NAME	Rawls, Cindy	
STREET ADDRESS	ROUTE 3, BOX 308		2.3 STREET ADDRESS	5610 NW 262 Avenue	
CITY-ST-ZIP	LAKE BUTLER FL		2.4 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: John L. Rawls Cindy L. Rawls Vice President April 26 97 (904) 462-0433