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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049891 (2)

TURF CONTROL, INC.

Principa Place of Business

Mailing Addrage

FILED May 08 1997 8:00am Secretary of State



2542 NEWFOUND HARBOR DR			2542 NEWFOUND HARBOR DR				
MERRITT ISLAND FL 32952		MENNII IQUANU IL AES	MERRITT ISLAND FL 32952-2069		3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number			Applied For
21		26			59-3254349		Not Applicable
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stat 23	ty & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of 0	Current Registered Agent			10. Name and Address of New Re	istered Agent	
CLA	ARK, KENNETH R		81	Name			•
2542 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952				82 Street Address (P.O. Box Number is Not Acceptable)			
			83	3			
			84	City		FL 85	Zip Code
agent Ha SIGNATURE	am fumiliar with, and accept the				rporation submits this statement for the p ation's board of directors. I hereby accept uired when reinstaling)	DATE	
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
THIE	P	☐ DELETE	1.1 TITLE			CI	nange 🔲 Addition
NAME	CLARK, KENNETH R		1.2 NAME				
STREET ADDRESS	2542 NEWFOUND HARB			ET ADDRESS			
CHY-SI ZIP	MERRITT ISALNO FL 329	DELETE	1.4 CITY-			CI	nange Addition
THE		☐ VELCTE	2.1 TITLE 22 NAME				range Number
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	,		2.4 CITY				
TITE		DELETE	3.1 7(1).6				nange Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
City St ZiP			3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE				nange 🔲 Addition
1	!		4. 2 NAMI	r i			
NAME			4. Z IYANI	٠ ا			
STREET ADDRESS				ET ADDRESS			
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STREET ADDRESS CITY: ST-ZII: TITLE		☐ DELETE	4.3 STREE 4.4 City- 5.1 Title	ET ADDRESS ST-ZIP		ci	nange 🔲 Addition
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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:

0105917