

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000059394 (4)**

1. Corporation Name  
**TURF SERVICES, INC.**



Principal Place of Business  
**2507 SAGEBRUSH RD  
PLANT CITY FL 33567**

Mailing Address  
**2507 SAGEBRUSH RD  
PLANT CITY FL 33567**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/10/1994</b>	3a. Date of Last Report <b>04/11/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number <b>65-0536132</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AKERLUND, OSCAR O  
2507 SAGEBRUSH RD  
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 607.0502, Florida Statutes.

SIGNATURE: *Oscar O Akerlund* Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del> PD	<input type="checkbox"/> DELETE
NAME	<b>AKERLUND, OSCAR O.</b>	
STREET ADDRESS	<b>2507 SAGE BRUSH RD.</b>	
CITY - ST - ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>VPSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COWING, ALBERT B.</b>	
STREET ADDRESS	<b>3806 POLUMBO DR.</b>	
CITY - ST - ZIP	<b>VALRICO FL</b>	
TITLE	<del>VD</del> VD	<input type="checkbox"/> DELETE
NAME	<b>Akerlund, Douglas P</b>	
STREET ADDRESS	<b>1585 Cambridge Dr</b>	
CITY - ST - ZIP	<b>Longmont CO</b>	
TITLE	<del>TD</del> TD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, Milton Com</b>	
STREET ADDRESS	<b>1905 Ridgely Dr</b>	
CITY - ST - ZIP	<b>PLANT CITY FL 33567</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100001881071**  
**-07/02/96--01014--016**  
**\*\*\*200.00**

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: *Milton Com Smith* Date: **3/12/96**  
MILTON CRAIG SMITH  
Date Filed: **5/1/96**

CR2E034 (12/95)

2 of 2

**Turf Services, Inc.**  
2507 Sagebrush Road  
Plant City, Fl. 33567

June 22, 1996

Florida Division of Corporations  
Division of Corporations  
PO Box 13900  
Tallahassee, Florida 32317

Subject: Turf Services Inc., Annual Report  
Reference: P94000059394

Regarding your request for additional information I am submitting the following:  
We are reinstating the old/existing registered agent. I misunderstood the instructions to require that registered agent sign each year. We do not have a new registered agent

Milton Craig Smith signed the return as treasurer.

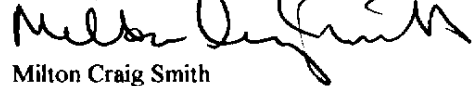
For clarification, the new officers listed in block 12 are:

VD  
Akerlund, Douglas P.  
1585 Cambridge Dr.  
Longmont, Colorado 80503

TD  
Smith, Milton Craig  
1905 Paddock Dr.  
Plant City, Florida 33567

The tab on the side was removed by your staff. I am sorry for the confusion that I have caused you.

Sincerely,



Milton Craig Smith  
Treasurer