

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 29 PM 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000078351 (1)

**1. Corporation Name
CITY SOD, INC.**

**Principal Place of Business
3914 GRAND BLVD.
NEW PORT RICHEY FL 34652**

**Mailing Address
3914 GRAND BLVD.
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
10/24/1994**

3a. Date of Last Report

**4. FEI Number
59-2183654**

**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**

**6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes** ☒ **Yes** ☐ **No**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMILTON, ROBIN A
3914 GRAND BLVD.
NEW PORT RICHEY FL 34652**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 in printed name of registered agent and title of officer or director)

(If/If Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAMILTON, ROBIN A
STREET ADDRESS 3914 GRAND BLVD.
CITY - ST - ZIP NEW PORT RICHEY FL 34652

11 **TITLE** ☐ Change ☐ Addition

TITLE D
NAME CLAIRMONT, MARK
STREET ADDRESS 5343 SEAFOAM DRIVE
CITY - ST - ZIP NEW PORT RICHEY FL 34652

21 **TITLE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 **TITLE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 **TITLE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 **TITLE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 **TITLE** ☐ Change ☐ Addition

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:

(Signature of Mark Clairmont)
SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Clairmont

2/21/95

813-042-2992

(Date)

(Telephone Number)