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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087045 (8)

1. Corporation Name
CARLTON SOD SERVICE INC.



Principal Place of Business 2440 E IRLO BRONSON MEMORIAL HWY KISSIMMEE FL	Mailing Address P.O. BOX 420742 KISSIMMEE FL 34742-0742
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3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 420067	4. FEI Number 59-3283789	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28 KISSIMMEE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip 29 34742	Country 30 USA	

9. Name and Address of Current Registered Agent

CARLTON, HARRY C
2440 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL

10. Name and Address of New Registered Agent

81 Name NATHAN B. SIMPSON, ESQ.	85 Zip Code FL 33602
82 Street Address (P.O. Box Number is Not Acceptable) 111 E. MADISON STREET	
83 SUITE 2300	
84 City TAMPA,	

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]* **Nathan B. Simpson** DATE: **3/27/97**

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLTON, HARRY C.		1.2 NAME EDWIN H. ROHDE II	
STREET ADDRESS 1345 SHAKERAG RD		1.3 STREET ADDRESS 807 NEPTUNE RD	
CITY-ST-ZIP KISSIMMEE FL		1.4 CITY-ST-ZIP KISSIMMEE, FL 34744	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLTON, BRENDA L.		2.2 NAME EDWIN H. ROHDE III	
STREET ADDRESS 1345 SHAKERAG RD		2.3 STREET ADDRESS 3600 LAKE TOHOPEKALIGA RD	
CITY-ST-ZIP KISSIMMEE FL		2.4 CITY-ST-ZIP ST. CLOUD, FL 34772	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIACCHIRA, VIRGINIA		3.2 NAME NATHAN L. ROHDE	
STREET ADDRESS 1438 ORCHID LANE		3.3 STREET ADDRESS 4400 ROHDE ROAD	
CITY-ST-ZIP KISSIMMEE FL		3.4 CITY-ST-ZIP YEEHAW JCT., FL 34972	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME JOHN D. ROHDE	
STREET ADDRESS		4.3 STREET ADDRESS P.O. BOX 220	
CITY-ST-ZIP		4.4 CITY-ST-ZIP KENANSVILLE, FL 34739	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VICE-PRESIDENT, SEC., TREASURY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME LISA R. HARRIS	
STREET ADDRESS		5.3 STREET ADDRESS 4404 ROHDE ROAD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP YEEHAW JCT., FL 34972	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Edwin H. Rohde** DATE: **March 24, 1997** 407-247-2416

CR2E034 (9/96)