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FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000087045 (8)

1. Corporation Name

CARLTON SOD SERVICE INC.

Principal Place of Business

2440 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL

Mailing Address

PO BOX 420067  
KISSIMMEE FL 34742  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

2. Principal Place of Business

21 3554 Friars Cove

Suite, Apt. #, etc.

22

City & State

23 St. Cloud, FL

Zip

24 34772

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3283789

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, NATHAN B  
111 E MADISON ST  
STE 2300  
TAMPA FL 33602

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 607.1508, 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P ROHDE II, EDWIN H  
807 NEPTUNE RD  
KISSIMMEE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP ROHDE III, EDWIN H  
3800 LAKE TOHOPEKALIGA RD  
ST CLOUD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

VP CHIACCHIRA, VIRGINIA  
4400 ROHDE ROAD  
YEEHAW JCT FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP ROHDE, JOHN D  
PO BOX 220  
KENANSVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VPST HARRIS, LISA R  
4404 ROHDE ROAD  
YEEHAW JCT FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: Edwin H. Rohde II, Edwin H. Rohde 1/21/98

CR2E034 (10/97)