

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 DEC 17 AM 9: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007600 (6)

1. Corporation Name

G & R SOD & SUPPLY, INC.

Principal Place of Business

Mailing Address

6250 WEST ATLANTIC AVE  
DELRAY BEACH FL

6250 WEST ATLANTIC AVE  
DELRAY BEACH FL

3. Date Incorporated or Qualified  
01/30/1995

3a. Date of Last Report  
Aug 1996

2. Principal Place of Business

2a. Mailing Address

21 13415 Southern Blvd

28 P.O. Box 765

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 W.P.B. FL

28 P.O. Box 765 FL

24 Zip

25 Country

29 Zip

30 Country

24 33470

25 P.B.

29 33470

30 P.B.

4. FEI Number

65-0557 141

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVES, BONNIE  
13668 FOLK SONE COURT  
WEST PALM BEACH FL 33414

81 Name

Wayman Graves

82 Street Address (P.O. Box Number Is Not Acceptable)

One Green Way Villages N Apt # 213

83

84 City

Royal Palm Bch

FL

85 Zip Code

33411

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

Wayman Graves

(NOTE: Registered Agent signature required when reinstating)

DATE 12-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES  
NAME Bonnie Graves  
STREET ADDRESS One Greenway Villages N  
CITY-ST-ZIP Royal Palm Bch FL

☐ DELETE

TITLE V.P.  
NAME JOY R. 107  
STREET ADDRESS 13669 Folkstone Ct W.P.B. FL  
CITY-ST-ZIP 33414

☐ DELETE

TITLE Sec.  
NAME CARL Riley  
STREET ADDRESS 13669 Folkstone Ct W.P.B. FL  
CITY-ST-ZIP 33414

☐ DELETE

TITLE 915  
NAME WAYMAN GRAVES  
STREET ADDRESS ONE Green Way Villages N  
CITY-ST-ZIP ROYAL PALM BCH, FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayman Graves

Date

Daytime Phone #

11-27-96

CR2E094 (3/96)