

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 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 # P95000007600 (6)

1. Corporation Name

G & R SOD & SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13415 SOUTHERN BLVD.  
WEST PALM BEACH FL 33470

Mailing Address  
G & R SOA SUPPLY INC.  
POST OFFICE BOX 765  
LOXAHATCHEE FL 33470  
US

2. Principal Place of Business  
21 6175 Southern Blvd  
Suite, Apt. #, etc.  
22  
City & State  
23 W.P.B. FL  
Zip  
24 33413  
Country  
25 P.B.  
26 P.O. Box 765  
Suite, Apt. #, etc.  
27  
City & State  
28 LOXAHATCHEE 33470  
Zip  
29 33470  
Country  
30 P.B.

3. Date Incorporated or Qualified  
01/30/1995

4. FEI Number  
65-0557141  
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  
GRAVES, WAYMAN  
1 GREENWAY VILLAGE NORTH  
APT. 103  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 of person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	GRAVES, BONNIE	1.2 NAME	
STREET ADDRESS	1 NE GREENWAY VILLAGE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	RILEY, JOY	2.2 NAME	
STREET ADDRESS	13669 FOLKSLORE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	RILEY, CARL	3.2 NAME	
STREET ADDRESS	13669 FOLKSLORE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	GRAVES, WAYMAN	4.2 NAME	
STREET ADDRESS	ONE GREENWAY VILLAGE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)