

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

FILED  
Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90013 003 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000007600

1. Corporation Name  
G & R SOD & SUPPLY, INC.

Principal Place of Business  
13415 SOUTHERN BLVD.  
WEST PALM BEACH FL 33413  
US

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
01/30/1995

4. FEI Number  
65-0557141

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☒ 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  
FL

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 |                          | 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, with all other like empowered.

SIGNATURE: *Wayman Graves* 1-21-99 561-310-0965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)