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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

DOCUMENT # P95000008510 (6)

1. Corporation Name
COASTAL TURF, INC.

REINSTATEMENT 9697

Principal Place of Business	Mailing Address
20649 BOWMAN ROAD BROOKSVILLE FL 34610	20649 BOWMAN ROAD BROOKSVILLE FL 34610

3. Date Incorporated or Qualified: 02/01/1995
3a. Date of Last Report: 02/01/95

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 59-3291103
Applied Fo / Not Applic

5. Certificate of Status Desired [X] **$8.75** Additiona 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 [X] No

9. Name and Address of Current Registered Agent

FULFORD, DIXIE L
20649 BOWMAN ROAD
BROOKSVILLE FL 34610

10. Name and Address of New Registered Agent

81 Name: Jack Fulford
82 Street Address (P.O. Box Number Is Not Acceptable): 20649 Bowman Rd
83
84 City: Brooksville FL 85 Zip Code: 34610

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 register 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: Jack D Fulford Pres — Jack D Fulford Pres. — 9-25-97
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULFORD, DIXIE L 2456 TREEMONT WAY DUNEDIN FL 34698	[X] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[X] Change [ ] Ad President Jack Fulford 20649 Bowman Rd Brooksville FL 34610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	400002306544 Change [ ] A -09/29/97--01150--005 ****915.00 ****915.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] A

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; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack D Fulford Jack D Fulford Pres 9/22/97 9/25/97 352-799-8490