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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000016877 (9)

FLORITURF, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
5199 EAGLES TRAIL 5199 EAGLES TRAIL					
KISSIMMEE FL 34758 KISSIMMEE FL 34758				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IS SPACE
				03/01/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Hom Brown Rd	26 7.0. Box	وماحجديا	59-3299555	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	100.0 20		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Kissi	mmee, Fl	28 Kissimmer	<u>, FI</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Z4P	_ Country *	8. This corporation owes or has paid the	
24 347	46 25 V USA	20 34742 3	O VSR	Personal Property Tax due June 30.	Yes No
D) 16	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
FOLLOM, 9. STEFFIELD					
1330 W CITIZENS BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 701 LEESBURG FL 34748			83		
LEC	:300NG FL 34746		"		:
			84 City	F	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 Signalive, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	P	Change Addition
NAME	MILTON HALTERMAN		1.2 NAME	Hallaman Milton	
STREET ADDRESS	1599 EAGLES TRAIL		1.3 STREET ADDRESS	the 2895 Ham Brown Rd	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	Kissimmee, A 34746	
TITLE	8	⊠ DELETE	2.1 TITLE	Vice President	Change Addition
NAME	JOHNSON, NANCY		2.2 NAME	Johnson Maney	
STREET ADDRESS	1599 EAGLES TRAIL		2.3 STREET ADDRESS	2848 Carriage Court	
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP	St. Cloud, FT BY773	1
TITLE	· ————————————————————————————————————	☐ DELETE	3.1 TITLE	Secretary Donald	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	2848 Carriage Court	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	SI. Cloud, PI 34772	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		Change
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Пъст	5.4 CITY-ST-ZIP		Chasse Ladde-
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Crity-ST-ZIP	portific that the information expedied u	ith this filing does not qualify for	6.4 CITY-ST-ZIP	ed in Section 119.07(3Vi). Florida Statutes, Liurthe	cortifu that the information

4. I hereby certify that the information supplied with this filling 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 suppliemental 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:

Dan K Column

3-16-98

407 933 5904