

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000021546 (3)

1. Corporation Name
WOERNER TURF, SEBRING, INC.



Principal Place of Business
275 S.W. 3RD AVE
SOUTH BAY FL 33493

Mailing Address
275 S.W. 3RD AVE
SOUTH BAY FL 33493-2221

3. Date Incorporated or Qualified
03/16/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
63-1141269

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

2. Principal Place of Business

21 505 S. Flagler Drive
Suite, Apt. #, etc.

22 Suite 606
City & State

23 West Palm Beach, FL
Zip Country

24 33401 25 USA

2a. Mailing Address

26 505 S. Flagler Drive
Suite, Apt. #, etc.

27 Suite 606
City & State

28 West Palm Beach, FL
Zip Country

29 33401 30 USA

9. Name and Address of Current Registered Agent

WOENER, ROGER L
7432 HONEYSUCKLE DR.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City
Plantation FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 119.07(05) 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 607.1505, Florida Statutes.

SIGNATURE PETER F. SOUZA ASSISTANT SECRETARY
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 2/12/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WOERNER, GEORGE A	
STREET ADDRESS	HWY 87 NORTH	
CITY-ST-ZIP	ELBERTA AL 38530	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOERNER, LESTER J	
STREET ADDRESS	2221 AMESBURY CT	
CITY-ST-ZIP	WELLINGTON FL 38414	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOERNER, EDWARD E	
STREET ADDRESS	HWY 87 NORTH	
CITY-ST-ZIP	ELBERTA AL 38530	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOERNER, LARRY J	
STREET ADDRESS	HWY 87 NORTH	
CITY-ST-ZIP	ELBERTA AL 38530	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOERNER, ROGER L	
STREET ADDRESS	7432 HONEYSUCKLE DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOERNER, EDWARD J	
STREET ADDRESS	26386 WOERNER RD	
CITY-ST-ZIP	ELBERTA AL 38530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)