

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000036161

1. Corporation Name

MILL CREEK SOD, INC.

Principal Place of Business

4699 N. CANOE CREEK ROAD
KENANSVILLE FL 34739

Mailing Address

PO BOX 423846
KISSIMMEE FL 34742

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90020 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

59-3321110

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4699 N Canoe Creek Rd

23 City & State

27 City & State
28 Kenansville, FL

24 Zip Country

29 94739 30 Osceola

9. Name and Address of Current Registered Agent

PULLUM, J. STEPHEN
SUITE 701
1330 W. CITIZENS BLVD.
LEESBURG FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HALL, DANNY L
STREET ADDRESS 4699 N. CANOE CREEK ROAD
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE D ☒ DELETE
NAME JOHNSON, DONALD E
STREET ADDRESS 5199 EAGLES TRAIL
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE S ☒ DELETE
NAME JOHNSON, NANCY K
STREET ADDRESS 5199 EAGLES TRAIL
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE T ☐ DELETE
NAME HALL, LOIS
STREET ADDRESS 4699 N. CANOE CREEK ROAD
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Hall, Danny A.
1.3 STREET ADDRESS 4699 N. Canoe Creek Road
1.4 CITY-ST-ZIP Kenansville, FL 34739

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Hall, Jeffrey A.
2.3 STREET ADDRESS 4699 N. Canoe Creek Road
2.4 CITY-ST-ZIP Kenansville, FL 34739

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Hall, Clinette
3.3 STREET ADDRESS 4699 N. Canoe Creek Road
3.4 CITY-ST-ZIP Kenansville, FL 34739

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-99

407-892-2024

CR2E034 (11/98)