

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000038577 (9)**  
 1. Corporation Name  
**TURF TROOPERS, INC.**



Principal Place of Business <b>6816 - 88TH AVENUE NORTH PINELLAS PARK FL 34666</b>	Mailing Address <b>6816 - 88TH AVENUE NORTH PINELLAS PARK FL 34666</b>
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified <b>05/15/1995</b>	
4. FEI Number <b>65-0586138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BAUMGARTNER, THOMAS L  
 6816 - 88TH AVENUE NORTH  
 PINELLAS PARK FL 34666**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMAS L. BAUMGARTNER</b>		1.2 NAME	
STREET ADDRESS <b>6816 88TH AVENUE, N.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELEANORE A. BAUMGARTNER</b>		2.2 NAME	
STREET ADDRESS <b>6816 88TH AVENUE, NO.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JUDITH E. UMSTEAD</b>		3.2 NAME	
STREET ADDRESS <b>5500 72ND AVENUE, NO</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**100002598361**  
**-07/24/98--01099--020**  
**\*\*\*165.00**

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.

SIGNATURE: Eleanore A. Baumgartner 7/20/98 727 301 3662

CR2E034 (5/98)

**TURF TROOPERS INC**

**6816 88<sup>TH</sup> AVENUE NORTH  
PINELLAS PARK FL 33782  
(727) 546-7526**

*PS 2*

20 July, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: 1998 Profit Corporation Annual Report

To Whom it May Concern:

Enclosed, please find check no. 1943 in the amount of \$165.00 for my 1998 Profit Corporation Annual Report filing fee.

Per telephone conversation with the Florida Department of State, I was asked to send a letter along with my original fee to state the reason why I was late in filing.

The reason is that I have not received my first notice. Although I am aware that I have to file this every year, but if I do not receive a notice, it is highly possible that I will forget and be overlooked.

I am writing this letter to make an appeal to you to please accept this check and waive my late filing fee and I make sure this will not happen again.

Thank you for your understanding.

Respectfully yours,

*Eleanore A. Baumgartner*  
ELEANORE A. BAUMGARTNER  
Vice President