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

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90047 020 ***150.00

DOCUMENT # **P96000021007**

1. Corporation Name
~~BASS SOD, INC.~~
Bass - Carlton Sod, Inc.

Principal Place of Business	Mailing Address
P.O. BOX 420067 KISSIMMEE FL 34742-0067	P.O. BOX 420067 KISSIMMEE FL 34742-0067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3365036	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, NATHAN B
111 E. MADISON ST.
SUITE 2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Simpson, Nathan B
82 Street Address (P.O. Box Number is Not Acceptable): 100 N Tampa Street
83: Suite 2700
84 City: Tampa FL 85 Zip Code: 33602

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	VSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, LISA R		1.2 NAME	
STREET ADDRESS	4404 RHODE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROHDE, EDWIN H JR		2.2 NAME	
STREET ADDRESS	807 NEPTUNE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROHDE, EDWIN H III		3.2 NAME	
STREET ADDRESS	3600 LAKE TOHOPEKALIGA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROHDE, JOHN D		4.2 NAME	
STREET ADDRESS	115 THREE CROSS DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROHDE, NATHAN L		5.2 NAME	
STREET ADDRESS	4400 RHODE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin H. Rohde Jr. REL President January 15, 1999 407-892-7135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)