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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038610 (7)

1. Corporation Name
JACK ORR TURF SERVICES, INC.



Principal Place of Business
9907 RIVERVIEW DRIVE
MICO FL 32976

Mailing Address
9907 RIVERVIEW DRIVE
MICO FL 32976-3118

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report
N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Home	26. Jack Orr Turf Services, Inc.	59-3384683	Not Applicable
22. 9907 Riverview Drive	27. 9907 Riverview Drive	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Micco, Fla	28. Micco, Fla	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. 32976	29. 32976	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No
25. USA	30. USA		

9. Name and Address of Current Registered Agent
ORR, JACK
9907 RIVERVIEW DRIVE
MICO FL 32976

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	Change Addition
NAME	JACK ORR	1.2 NAME	
STREET ADDRESS	9907 RIVERVIEW DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MICO, FLA 32976	1.4 CITY-STATE-ZIP	Change Addition
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Change Addition

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. I changed, or omit an attachment with an address.

SIGNATURE: JACK ORR DATE: 1/15/97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)