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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P96000046208 (0)

AAA SOD AND GRASSING INC.

Pencinal Place of Business Mailing Address 1103 KENINEDY BLVD. 1103 KENNEDY BLVD. ORLANDO FL 32813 ORLANDO FL 32810-4438 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1996 2. Principal Prace of Business 2a. Mailing Address Applied For 3394112 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country Zφ This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CURTIS, GARY L Name 1103 KENNEDY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32813 83 84 City 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 Stignative, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. (96/6)DELETE Change ___ Addition 1.1 1111.6 7000 **CURTIS, GARY L** CR2E034 1.2 NAME NAME 1103 KENNEDY BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32813 1.4 CITY - ST - ZIP CifY-S7-20 Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME NAM 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY - ST - ZIP DELETE Change Addition THE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY: ST-ZiP DELETE Change Addition 4.1 TITLE HILL 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CiTY+S1 ZIP Addition DELETE 5.1 T/U E Change THEF NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY ST-7P DELETE Change Addition T: D.F 61 TITLE

6.2 NAME

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

information inclicated 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 Lam 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 3 if changed, or on an attachment with an address.

FILED

May 14 1997 8:00am

Secretary of State

SIGNATURE:

MAME

STREET ADDRESS

0000311

Daylime Phone #