

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # P97000003188 (4)

1. Corporation Name
A & W SOD & HYDRO-SEEDING, INC.



Principal Place of Business

926 GREAT POND DRIVE, SUITE 2001
ALTAMONTE SPRINGS FL 32714

Mailing Address

POST OFFICE BOX 3406
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1846 LONGWOOD LAKE MARY RD
Suite, Apt. #, etc.

22 City & State
23 LONGWOOD FL
24 32750 Country

2a. Mailing Address

26 POST OFFICE BOX 940131
Suite, Apt. #, etc.

27 City & State
28 MAITLAND FL
29 32794-0131 30 USA

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

59-3416446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ATHERDEN, CARY J
926 GREAT POND DRIVE, SUITE 2001
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
ATHERDEN, CARY J
82 Street Address (P.O. Box Number is Not Acceptable)
1846 LONGWOOD LAKE MARY RD
83
84 City
LONGWOOD FL 85 Zip Code
32750

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

CARY J ATHERDEN

9.20.98

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
ATHERDEN, CARY J
STREET ADDRESS
926 GREAT POND DRIVE, SUITE 2001
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
D
1.2 NAME
ATHERDEN, CARY J
1.3 STREET ADDRESS
1846 LONGWOOD LAKE MARY RD
1.4 CITY-ST-ZIP
LONGWOOD FL 32750

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

CARY J ATHERDEN

9.20.98 407-291-8883

CR2E034 (5/98)