

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000030025 (5)**  
1. Corporation Name  
**GAINESVILLE SOD, INC.**

Principal Place of Business <b>4802 S.W. 85TH AVENUE GAINESVILLE FL 32608</b>	Mailing Address <b>4802 S.W. 85TH AVENUE GAINESVILLE FL 32608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1997</b>	
21		26	<b>PO Box 141091</b>	4. FEI Number <b>59-3435958</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	<b>Gainesville Florida</b>		
Zip	Country	Zip	Country		
24		29	<b>32614</b>	30	<b>USA</b>

9. Name and Address of Current Registered Agent <b>TROIANO, MICHAEL W 4802 S.W. 85TH AVENUE GAINESVILLE FL 32608</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	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 *Michael Troiano* **1-9-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>Vice President</b>
NAME	<b>TROIANO, MICHAEL</b>	1.2 NAME	<b>Troiano, Michael</b>
STREET ADDRESS	<b>4802 S.W. 85TH AVENUE</b>	1.3 STREET ADDRESS	<b>4802 SW 85th Ave</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	1.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>
TITLE		2.1 TITLE	<b>President</b>
NAME		2.2 NAME	<b>Dean Glass</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>18129 NW 298th St</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>High Springs, FL 32643</b>
TITLE		3.1 TITLE	<b>Secretary</b>
NAME		3.2 NAME	<b>Kathie Troiano</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4802 SW 85th Ave</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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: *Michael Troiano* **1-7-98** **352-372-3175**

CR2E034 (10/97)