

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040111 (1)

1. Corporation Name  
EMERALD ISLAND TURF, INC.

Principal Place of Business

46470 FARABEE ROAD  
PUNTA GORDA FL 33982

Mailing Address

1029 SOUTH INDIAN RIVER DRIVE  
FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

65-0755315

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

MCCALL, NANCY J  
1029 SOUTH INDIAN RIVER DRIVE  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALL, WILEY T	
STREET ADDRESS	1029 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALL, NANCY J	
STREET ADDRESS	1029 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALL, BRYANT R	
STREET ADDRESS	46470 FARABEE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 of 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 of the corporation and that my name appears in Block 12 or Block 13 if the corporation or the receiver or trustee of the corporation is required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

*[Signature]*

2/27/98

561-461-3879

CR2E034 (10/97)