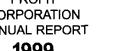
FILED Apr 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

'	1999	DIVISION OF COI	RPURATIONS	04-29-1999 90256 034	`**150.00
Corporation	MENT # P9700 Name P9700 NIDE SOD & GRASSING, I				
Dringing Dings	of Business	Mailing Address		T THE INTERIOR OF THE POPUL TO A TO	<u> </u>
Principal Place		-			
3346 PACKARD AVE. PO BOX 700296 ST. CLOUD FL 34770-0296 ST. CLOUD FL 34770-0296				DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualifed	
				06/16/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
4		26		59-3448740	Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan-	gible
4	25	29 30	3	_]Yes □No
	9. Name and Address of Curr			10. Name and Address of New Registered Ag	ent
			81 Name		
PATRICK, JOHN V			99 81 11	A LL (D.O. D. M has in New Assessable)	
3346 PACKARD AVE.			82 Street A	Address (P.O. Box Number is Not Acceptable)	j
ST. CLOUD FL 34772			83		,
	•		84 City	FL.	85 Zip Code
office or re agent. I at	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was auth gations of, Section 607.0505, Florida	onzea by the corpo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment of the constation.	anging its registered nent as registered
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TILE	D	DELETE	1.1 TITLE		Change
NAME	PATRICK, BARBARA		1.2 NAME		
	5000 MARINA DR.		1.3 STREET ADDRESS	5063 maina Dr.	
STREET ADDRESS			i '	2003 1100	
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	D DATINGK (OLDE)	_ better			J =
NAME	PATRICK, JOHN V		2.2 NAME		
STREET ADDRESS	3346 PACKARD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34772		2.4 CITY-ST-ZIP		Change ☐ Addition
TITLE	טן	☐ Deceie	3.1 TITLE	•	
NAME	PATRICK, PHILLIP		3.2 NAME		
STREET ADDRESS	5063 MARINA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771		3.4. CITY-ST-ZIP		Change Addition
TITLE	,	☐ DELETE	4.1 TITLE	'	
NAME		·	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZIP			4.4 CITY-ST-ZIP		Change DAddition
TITLE	*	☐ DELETE	5.1 TITLE	 	Change Addition
NAME	!		5.2 NAME		
STREET ADDRESS		<i>,</i>	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	[Change Addition
NAME			6.2 NAME		
STREET ADDRESS		,	6.3 STREET ADDRESS		
CITY-ST-ZIP	图数图 80 图		6.4 CITY-ST-ZIP	<u> </u>	
					. that the information

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 informatic 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, with all other like empowered.

SIGNATURE: _