

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90022 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069145

1. Corporation Name

TURF'S UP OF WEST VOLUSIA, INC.



Principal Place of Business 120 WEST GARDENIA AVENUE ORANGE CITY FL 32763	Mailing Address POB 741207 ORANGE CITY FL 32774 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 P.O. BOX 741207 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30	3. Date Incorporated or Qualified 08/11/1997	4. FEI Number 59-3466671 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SYKES, KEVIN 120 W GARDENIA AVE ORANGE CITY FL 32763	10. Name and Address of New Registered Agent 81 Name Sykes, Kevin 82 Street Address (P.O. Box Number is Not Acceptable) 1725 14th St. 83 84 City Orange City FL 85 Zip Code 32763
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, KEVIN L		1.2 NAME Sykes, Kevin L.	
STREET ADDRESS 120 WEST GARDENIA AVENUE		1.3 STREET ADDRESS 1725 14th St.	
CITY-ST-ZIP ORANGE CITY FL 32763		1.4 CITY-ST-ZIP Orange City FL 32763	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE Sykes, Heather L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, HEATHER		2.2 NAME Sykes, Heather L.	
STREET ADDRESS 120 W GARDENIA DR		2.3 STREET ADDRESS 1725 14th St.	
CITY-ST-ZIP ORANGE CITY FL 32763		2.4 CITY-ST-ZIP Orange City FL 32763	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-31-99 904-774-7779