


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90071 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000087268</b>					
1. Corporation Name <b>SOUTHWINDS SOD, INC.</b>					
Principal Place of Business <b>32801 HWY 441, LOT 182 OKEECHOBEE FL 34972</b>			Mailing Address <b>P O BOX 2315 OKEECHOBEE FL 34973 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1997</b>	
21		26		4. FEI Number <b>65-0800657</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country		
9. Name and Address of Current Registered Agent <b>BRADY, FRANK J 32801 HWY 441, LOT 182 OKEECHOBEE FL 34972</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
<b>FL</b>					
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	<b>P</b>	<input type="checkbox"/> DELETE			
NAME	<b>BRADY, JR FRANK</b>				
STREET ADDRESS	<b>32801 HWY 441 NORTH, LOT 182</b>				
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>				
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE			
NAME	<b>BRADY, PEGGY</b>				
STREET ADDRESS	<b>32801 HWY 441 NORTH, LOT 182</b>				
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE	<b>P</b>				
1.2 NAME	<b>BRADY, Peggy</b>				
1.3 STREET ADDRESS	<b>32801 Hwy 441 North, Lot 182</b>				
1.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL 34972</b>				
2.1 TITLE	<b>VP</b>				
2.2 NAME	<b>BRADY, JR FRANK</b>				
2.3 STREET ADDRESS	<b>32801 Hwy 441 North, Lot 182</b>				
2.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL 34972</b>				
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

941-763-5647

Daytime Phone #

CR2E034 (11/98)