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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000109151

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90032 041 ***150.00

SOUTHERN TURF NURSERIES, INC						
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	Mailing Address			I I I I I I I I I I I I I I I I I I I	1 4	
Principal Place of Business	, -					
22193 HWY 59 S	PO BOX 2299 ROBERTSDALE AL 36567				o opacë	• •
STE F	· US			DO NOT WRITE IN THE	S SPACE;	——-
ROBERTSDALE AL 36567				3. Date Incorporated or Qualifed	. 1. 1. 1.	
U\$.				12/31/1997	<u>. 1 1 11 </u>	
	2a. Mailing Address			4. FEI Number	Applie	d For 🦅
2. Principal Place of Business	⊢			58-2362402	Not A	pplicable
21					\$8.75 Add	itional
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Requi	red
22				C. Et al. Commeion Einenging	\$5.00 Ma	v Be
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to F	ees
23	28					
Zip · Country	Zip	Country		8. This corporation owes the current year I	ntangible ☐ Yes. ☐	No
	29	30	<u> </u>	Personal Property Tax.		
24 25 9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	O VASIUMS.	
5. Native and Addition	435 120 157 1	81	Name	•	掛	
KP&L SERVICES, INC.			01 4 A d d	ess (P.O. Box Number is Not Acceptable)		
390 NORTH ORANGE AVENUE	0.	82	Street Addre	BSS (P.O. BOX Mulliber to Not to be a second	ينع دو معالماً المالية المقادر	121264 1 144
390 MONTH ONLINE VALUE		83		· · · · · · · · · · · · · · · · · · ·		
SUITE 600		. [53		19 18 18 18 18 18 18 18 18 18 18 18 18 18		R (13) [20]
ORLANDO FL 32801	-	84	City	. 198 25 1 3 190 10 11 3 10 10 10 11 2 11	85 Zip Coo	oe
					of changing its re-	gistered
11. Pursuant to the provisions of Sections 607.05	502 and 607 1508, Florida Statu	ites, the above	e-named corp	on's hoard of directors. I hereby accept the app	pointment as regis	tered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State (Cagent, Campanillar with, and accept the oblig	e of Florida: Such change was a serious of Section 607 0505. Florida:	orida Statutes	ine corporation	0118 808.2 01 211	•	. [
Restragent. Cam familiar with, and accept the oblig	gations of Gooden services					
SIGNATURE Signature, typed or printed name of registered as	and and title if applicable (NOT	E: Registered Age	nt signature require	od when reinstating)* [1572 / DATE	1 ti#	
+5510500	guitaine					C IN 12
		13.		ADDITIONS/CHANGES TO OFFICERS		S IN 12
10	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR:	S IN 12
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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 an inged, or on an attachment with an address, with all other like empowered.