

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

AND
FILED

99 MAY 27 PM 12:11

04-27-1999 90129 033 ***150.00

NOT RECORDED
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1998	
4. FEI Number 65-4831426	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 the current year intangible Personal Property Tax. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	
81 Name DALE M. WITTING	
82 Street Address (P.O. Box Number is Not Acceptable) 1700 NW RIVER TRAIL	
83 City STUART FL 34954-9449	
84 City FL	85 Zip Code 34954

PROFIT CORPORATION ANNUAL REPORT 1999	
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000020880	
1. Corporation Name DETAIL TURF, INC.	

Principal Place of Business 1700 NW RIVER TR STUART FL 34994-9449	Mailing Address 1700 NW RIVER TR STUART FL 34994-9449
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent MORROW, THOMAS J 1700 NW RIVER TR STUART FL 34994-9449	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83 City	84 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] (NOTE: Registered Agent signature required when registering) DATE: 5/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS / NO DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		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		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. 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] DATE: 5/12/99
SIGNATURE: DALE WITTING DATE: 5/12/99
SIGNATURE: THOMAS J. MORROW DATE: 5/12/99

CR2E034 (11/98)