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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90051 001 \*\*\*150.00

DOCUMENT #	P9800002131	8

1. Corporation Name

TEE-OFF TURF, INC.

Principal Place	of Business	Mailing Address			2 (00 ) (08) (10 ) (01) (04) (03) (1 00) (1 00)		11941 1811 1 <b>20</b> 1	
16087 EAST PLI LOXAHATCHEE		16087 EAST PLEASURE DRIVE LOXAHATCHEE FL 33470						
					DO NOT WRITE IN TH	III SPACE		
i					3. Date Incorporated or Qualifed 03/05/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number C Applied For			
21		26			65-0827078	_ Not	t / pplicable	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional	ł
22		27			5. Certificate of Status Desired	Fee Rec	qı ired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	Мау Ве	1
23		28	. <u> </u>		Trust Fund Contribution	Added to	o Fees	İ
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year		C1	ł
24	25	29	30		Personal Property Tax.		[]No	ĺ
	9. Name and Address of Current	Registered Agent		94 Nome 60	10. Name and Address of New Register	aci Agent		
ADNI	ETT, MICHAEL			81 Name	ICHARI PTANETT			
	7 EAST PLEASURE DRIVE			82 Street Addres	ss (P.O. Box Yumber is Not Acceptable)	/); 1 ( · ·		l
	AHATCHEE FL 33470			1608	7 E Pleasure D	Mive_		i
10%	ANATONEE PL 33470			83				
				84 City	ahatchee F	85 Zip C	Gode 7D	ĺ
				1 101	aria this statement for the purpose			ł
office or n	egistered agent, or both, in the State of	i Florida. Such change was a	authorize	d by the corporatio	pration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as rec	gistered	J
agent. I a	m familiar with, and accept the Abligation	ons of Section 607.0505, Fi	crida Stat	utes. A	Il Proceedent 1/10	116-1	104	
SIGNATURE	Muly Sim	en MIC	nae	Agent signature required	when (einstation) DATE	-4/23/	77	
ļ	Signature, typed or printed nai ie of registered agent OFFICERS AND		13.	Agent signature required	ADDITIC NS/CHANGES TO OFFICERS	AND DIRECTO	FS IN 12	86
TITLE	D STREETS ARE	DELETE	1.1 T	TLE	NOBINE NOION WYGEO TO SETTIOLINE	Change	Addition	CR2E034 (11/98)
NAME	ARNETT, MICHAEL			AME				4
STREET ADDRE 3S	16087 EAST PLEASURE DRIVE		•	TREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE FL 33470			ITY-ST-ZIP				32
TITLE	EGYARATORIEE TE GOTTO	☐ DELETE	2.1 T			☐ Change	Addition	ᄀ
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	TREET ADDRESS				ł
CITY-ST-ZIP			2.40	CITY-ST-ZIP				Ì
TITLE		☐ DELETE	3.1 T			Change	Addition	
NAME			3.2 N	AME				1
STREET ADDRESS			3.3 S	TREET ADDRESS				
CITY-ST-ZIP			34.0	CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE		☐ Change	Addition	)
NAME			4.21	JAME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 0	TTY-ST-ZIP				_
TITLE		☐ DELETE	51T	TILE TO THE		☐ Change	Addition	*
NAME			5.2 N	AME				!
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP		· <u></u>		
TITLE		☐ DELETE	6.1 T			☐ Change	Addition	
NAME			6.2 N	AME				
STREET ADDRESS	•		6.3 S	TREET ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP				

14. There by 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal are 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 change 1, or on an attachment will an address, with all other like empowered.

SIGNATURE:

GNA URE AND TYPED OF PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR

4/23/94 561-791-3:105