

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 APR 25 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69438**

(7)

1. Corporation Name

FLORIDA GRASS MASTERS, INC.

Principal Place of Business

**STAR RT 1 BOX 1348
TALLAHASSEE FL 32310**

Mailing Address

**STAR RT 1 BOX 1348
TALLAHASSEE FL 32310**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1991

3a. Date of Last Report

05/23/1994

4. FEI Number

59-3070287

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**MCDONALD, MARIE
3125 SHINGLE CREEK CT.
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Rose Marie McDonald

4/5/95

(Signature typed or printed name of registered agent and title if applicable)

(DATE Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DST
MCDONALD, MARIE
STAR RT 1 BOX 1348
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVP
MCDONALD, MARIE
STAR RT 1 BOX 1348
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVP
MCDONALD, MARIE
STAR RT 1 BOX 1348
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MCDONALD, MARIE P/VP
STAR RT. 1, BOX 1348
TALLAHASSEE, FLA. 32310**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: ROSE MARIE MCDONALD

Rose Marie McDonald
President

DATE

4/5/95

Telephone Number

962-2189 (904)