

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S95316** (3)

1. Corporation Name

**PRECISION TURF, INC.**

Principal Place of Business

% JAMES LINEBERGER  
10858 MANDARIN STATION WEST  
JACKSONVILLE FL 32257

Mailing Address

% JAMES LINEBERGER  
10858 MANDARIN STATION WEST  
JACKSONVILLE FL 32257



2. Principal Place of Business

21 11226-2 Phillips Pkwy Dr E  
Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 Duval

2a. Mailing Address

26 11226-2 Phillips Pkwy Dr E  
Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32256

Country

30 Duval

3. Date Incorporated or Qualified

11/20/1991

3a. Date of Last Report

03/13/1995

4. FEI Number

59-3099372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LINEBERGER, JAMES  
10858 MANDARIN STATION WEST  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

James Lineberger

82

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

11226-2 Phillips Parkway Drive East

83

84

City  
Jacksonville

FL

85

Zip Code  
32256

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

*James E. Lineberger*  
Signature of person or printed name of registered agent and title if applicable

JIM LINEBERGER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/12/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LINEBERGER, JIM  
STREET ADDRESS % 10858 MANDARIN STATION  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME CASEY, JOHN  
STREET ADDRESS % 10858 MANDARIN STATION  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LINEBERGER, MELISSA  
STREET ADDRESS % 10858 MANDARIN STATION  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE  
NAME LINEBERGER, TREY  
STREET ADDRESS % 10858 MANDARIN STATION  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME BOUCHER, GREGORY A.  
STREET ADDRESS 10858 MANDARIN STATION DR. W.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
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

P ☒ Change ☐ Addition  
Lineberger, James  
11226-2 Phillips Parkway Drive East  
Jacksonville, FL 32256

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

V ☒ Change ☐ Addition  
Casey, John  
11226-2 Phillips Parkway Drive East  
Jacksonville, FL 32256

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

S ☒ Change ☐ Addition  
Lineberger, Melissa  
11226-2 Phillips Parkway Drive East  
Jacksonville, FL 32256

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

T ☒ Change ☐ Addition  
Boucher, Gregory  
11226-2 Phillips Parkway Drive East  
Jacksonville, FL 32256

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 119.07(3)(k), 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:

*James E. Lineberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM LINEBERGER

4/12/96

904-262-6089  
Daytime Phone #

CR2E034 (12/96)