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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S95316** (3)
1. Corporation Name
PRECISION TURF, INC.



Principal Place of Business 11226-2 PHILLIPS PKWY DR E JACKSONVILLE FL 32256 US	Mailing Address 1126-2 PHILLIPS PKWY DR E JACKSONVILLE FL 32256 US
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2. Principal Place of Business 21 11345 Distribution Ave West Suite, Apt. #, etc.	2a. Mailing Address 26 11345 Distribution Ave West Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 04/16/1996
22 City & State 23 Jacksonville, FL	27 City & State 28 Jacksonville, FL 32256	4. FEI Number 59-3099372	Applied For Not Applicable
24 32256	25 US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 32256	30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LINEBERGER, JAMES 11226-2 PHILLIPS PARKWAY DRIVE EAST JACKSONVILLE FL 32256		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		10. Name and Address of New Registered Agent	

81 Name Lineberger, James	82 Street Address (P.O. Box Number is Not Acceptable) 11345 Distribution Avenue West
83	
84 City Jacksonville	85 Zip Code FL 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* DATE **3/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINEBERGE, JAMES		1.2 NAME Lineberger, James	
STREET ADDRESS 11226-2 PHILLIPS PARKWAY DRIVE EAST		1.3 STREET ADDRESS 11345 Distribution Avenue West	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASEY, JOHN		2.2 NAME Casey, John	
STREET ADDRESS 1126-2 PHILLIPS PARKWAY DRIVE EAST		2.3 STREET ADDRESS 11345 Distribution Avenue West	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINEBERGER, MELISSA		3.2 NAME Lineberger, Melissa	
STREET ADDRESS 11226-2 PHILLIPS PARKWAY DRIVE EAST		3.3 STREET ADDRESS 11345 Distribution Avenue West	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOUCHER, GREGORY		4.2 NAME Boucher, Gregory	
STREET ADDRESS 11226-2 PHILLIPS PARKWAY DRIVE EAST		4.3 STREET ADDRESS 11345 Distribution Avenue West	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE *James E. Lineberger* DATE **3/11/97**

CR2E034 (9/96)