FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

*1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:06

DOCUMENT # U00037 (5)

1. Corporate Name
FLORIDA SOD GROWERS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
PO BOX 874 LABELLE FL 33935-874 US	PO BOX 874 LABELLE FL 33935-874 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1989
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0162549 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE D NAME ~~JUMPER, ARLENE~~ STREET ADDRESS ~~1708 SW 11TH ST.~~ CITY ST ZIP ~~OCALA FL~~	11 TITLE ☐ Change ☐ Addition 12 NAME Delete 13 STREET ADDRESS 14 CITY ST ZIP
TITLE D NAME NUGENT, WILL STREET ADDRESS RT. 7 BOX 351 CITY ST ZIP ARCADIA FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE D NAME ~~GROSE, PAUL~~ STREET ADDRESS ~~PO BOX 1210~~ CITY ST ZIP ~~BELLE GLADE FL~~	31 TITLE ☐ Change ☐ Addition 32 NAME Delete 33 STREET ADDRESS 34 CITY ST ZIP
TITLE D NAME DE VILLEIRS, ROB STREET ADDRESS 3520 HWY 579-S CITY ST ZIP WIMAMMA FL	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE D NAME Gary Resmonde STREET ADDRESS P.O. Box 988 CITY ST ZIP Lake Wales, FL 33859 (N/A)	51 TITLE D ☐ Change ☐ Addition 52 NAME Gary Resmonde 53 STREET ADDRESS P.O. Box 988 54 CITY ST ZIP Lake Wales, FL 33859 (N/A)
TITLE D NAME Jack Bisphan STREET ADDRESS 7850 Ibis St CITY ST ZIP Sarasota, FL 34241	61 TITLE D ☐ Change ☐ Addition 62 NAME Jack Bisphan 63 STREET ADDRESS 7850 Ibis St 64 CITY ST ZIP Sarasota, FL 34241 RECEIVED MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption contained 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: William E Nugent 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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