

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # U00037 (5)

1. Corporation Name
FLORIDA SOD GROWERS COOPERATIVE, INC.



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

Mailing Address
**PO BOX 874
LABELLE FL 33935-874
US**

3. Date Incorporated or Qualified **12/28/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0162549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR	
TITLE <input checked="" type="checkbox"/>	D RESMONDE, GARY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President TP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P O BOX 988	1.2 NAME	Ray Caruthers
STREET ADDRESS	LAKE WALES FL	1.3 STREET ADDRESS	46470 Farabee Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE <input checked="" type="checkbox"/>	D NUGENT, WILL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT. 7 BOX 351	2.2 NAME	DON JOHNSON
STREET ADDRESS	ARCADIA FL	2.3 STREET ADDRESS	P.O. Box 422266 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kissimmee, FL 32742
TITLE <input checked="" type="checkbox"/>	D BISPAN, JACK <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7850 IBIS ST	3.2 NAME	Jim Davis
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	674 NW 113th Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Okeechobee, FL 34972
TITLE <input checked="" type="checkbox"/>	D DE VILLEIRS, ROB <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	3520 HWY 579-S	4.2 NAME	
STREET ADDRESS	WIMAMMA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ray H. Caruthers** **3/28/96 (941) 675-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)