


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # U00037 (5)**

1. Corporation Name

**FLORIDA SOD GROWERS COOPERATIVE, INC.**



Principal Place of Business <b>PO BOX 874</b> <b>LABELLE FL 33935-874</b> <b>US</b>	Mailing Address <b>PO BOX 874</b> <b>LABELLE FL 33935-874</b> <b>US</b>	3. Date Incorporated or Qualified <b>12/28/1989</b>
		4. FEI Number <b>65-0162549</b>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LUBRANO, ANDREW J.</b> <b>101 E. KENNEDY BLVD.</b> <b>SUITE 3700</b> <b>TAMPA FL 33602</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE **4-30-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARUTHERS, RAY</b>	1.2 NAME	<b>D ARLENE JUMPER</b>
STREET ADDRESS	<b>48470 FARABEE ROAD</b>	1.3 STREET ADDRESS	<b>P.O. Drawer 128</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	<b>FT. MCCLAY, FL 32134</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, DON</b>	2.2 NAME	<b>DAVE DIAMOND</b>
STREET ADDRESS	<b>P.O. BOX 422288 N/A</b>	2.3 STREET ADDRESS	<b>4699 North Canoe Creek</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	2.4 CITY-ST-ZIP	<b>KEANOCVILLE, FL 34739</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISPAN, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>7850 IBIS ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE VILLEIRS, ROB</b>	4.2 NAME	
STREET ADDRESS	<b>3520 HWY 579-S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WIMAMMA FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>674 NW 113TH DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **4-30-98** X 941-675-8600

CR2E037 (10/97)