

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90062 016 \*\*\*\*61.25

DOCUMENT # U00037

1. Corporation Name

FLORIDA SOD GROWERS COOPERATIVE, INC.

Principal Place of Business

Florida Sod Growers Coop.  
P.O. Box 1779  
Arcadia, Fl. 34265

Mailing Address

Florida Sod Growers Coop.  
P.O. Box 1779  
Arcadia, Fl. 34265



2. Principal Place of Business

21 P.O. Box 1779  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1779  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/28/1989

4. FEI Number

65-0162549

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

23 City & State

Arcadia, Fla.

28 City & State

Arcadia, Fla.

24 Zip

34265

25 Country

USA

29 Zip

34265

30 Country

USA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P  
NAME CARUTHERS, RAY  
STREET ADDRESS 46470 FARABEE ROAD  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE D  
NAME JUMPER, ARLEN  
STREET ADDRESS P.O. Box 128  
CITY-ST-ZIP FT. McCoy, FL 32134

TITLE D  
NAME BISPHAN, JACK  
STREET ADDRESS 7850 IBIS ST  
CITY-ST-ZIP SARASOTA FL 34341

TITLE D  
NAME DE VILLEIRS, ROB  
STREET ADDRESS 3520 HWY 579-S  
CITY-ST-ZIP WIMAMMA FL

TITLE D  
NAME DIAMOND, DAVE  
STREET ADDRESS 4699 NORTH CANOE CREEK  
CITY-ST-ZIP KEANERVILLE FL 34739

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D - BRADY, Robbie  
1.2 NAME PO Box 418  
1.3 STREET ADDRESS Okeechobee, FL 34973  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DYMOND, DAVE  
5.2 NAME 4699 N. CANOE CREEK  
5.3 STREET ADDRESS KEANERVILLE, FL 34739  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

941-576-6173

CR2E037 (11/98)