

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V18398**

(0)

1. Corporation Name

TURF KEEPERS, INC.



Principal Place of Business

**429 GREEN ARBOR DRIVE
BRANDON FL 33511**

Mailing Address

**429 GREEN ARBOR DRIVE
BRANDON FL 33511**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1992

3a. Date of Last Report

02/03/1995

4. FEI Number

59-3110766

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 607.0602 and 607.1505, 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

(Signature of person authorized to file this report on behalf of the corporation)

(Typed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P. A. BYNUM, RICHARD**
STREET ADDRESS **429 GREEN ARBOR DRIVE**
CITY, ST, ZIP **BRANDON FL**

2. TITLE ☐ DELETE

NAME **ST MORGAN, DANIEL B.**
STREET ADDRESS **429 GREEN ARBOR DRIVE**
CITY, ST, ZIP **BRANDON FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME **BYNUM**

13. STREET ADDRESS

14. CITY, ST, ZIP

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

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1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

SIGNATURE:

Richard Bynum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

843 6899232

CR2E034 (12/95)