FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2000 8:00 am **DOCUMENT # V18398** Secretary of State 1. Entity Name 01-12-2000 90080 047 ***150 00 TURF KEEPERS, INC. Mailing Address Principal Place of Business TURF KEEPERS INC. TURF KEEPERS INC. 6003 HAMMACK HILL AVE 6003 HAMMACK HILL AVE LITHIA FL 33547-5030 LITHIA FL 33547-5030 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3110766 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORGAN, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 6003 HAMMOCK HILL AVE LITHIA FL 33547-5030 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE BYNUM, RICHARD NAME NAME 6003 HAMMOCK HILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL 33547-5030 Change ☐ Addition Delete TITLE MORGAN, DANIEL B. NAME NAME STREET ADDRESS 6003 HAMMOCK HILL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL:33547-5030 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GRAND BY SEOD DEVEL B Margan

OGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(2/3/89

8136899232

Daytime Phone #

☐ Change

☐ Addition