## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V37171 1. Corporation Name

E & H TURF, INC.

Principal Place of Business Mailing Address							###	881	
11530 PHILLIPS HWY JACKSONVILLE FL 32256		11530 PHILLIPS HWY JACKSONVILLE FL 32256							
US	7 L 32230	US					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	1	
							05/18/1992		
2. Principal Pl	lace of Business	2a. Mailing Addres	<u> </u>				4. FEI Number Applied For		
21		26					59-3046886 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			~* ~	-5. Certificate of Status Desired	'}	
City & State		City & State	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	<del> </del>				Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	30	country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
- · l	9. Name and Address of Curr	ent Registered Agent					10. Name and Address of New Registered Agent		
				81	Nam	e			
	., WILLIAM T JR RACETRACK ROAD				Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
JACI	KSONVILLE FL 32259								
				84	City		FL 85 Zip Code	_	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.05	505, Florida S	tatutes	<b>.</b>		on's board of directors. I hereby accept the appointment as registered		
Signature, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	PD	☐ DEI	LETE 1.	1 TITLE		$T^{-}$	☐ Change ☐ Ad		
NAME			1.2 NAME		-		ļ		
STREET ADDRESS	3701 RACETRACK RD		1.	3 STREE	T ADDRE	ss			
CITY-ST-ZIP	JACKSONVILLE FL		1.	4 CITY-S	T-ZIP				
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NAME OTDEET ADDRESS	ļ				T ADORE	ss			

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

04-20-1999 90111 005 \*\*\*150.00