FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42677** **(7)**

1. Corporate Name
PHILLIPS GRASS SEED, INC.

Principal Place of Business:
16651 W HWY 326
MORRISTON FL 32668

Mailing Address:
16651 W HWY 326
MORRISTON FL 32668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1992**
3a. Date of Last Report: **07/15/1994**
4. FEI Number: **59-3130227** ☐ 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. ... Florida Statute ☐ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt # etc. 27 / City & State 28 / Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

PHILLIPS. JOEL C
16651 W HWY 326
MORRISTON FL 32668

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 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, HARRELL H JR
STREET ADDRESS	16651 W HWY 326
CITY-ST-ZIP	MORRISTON FL
TITLE	D
NAME	PHILLIPS, JOEL C
STREET ADDRESS	RT. 2, BOX 838-C
CITY-ST-ZIP	WILLISTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Harrell H Phillips Harrell H Phillips DMA 5-1-95 (904) 843-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0036308 CP