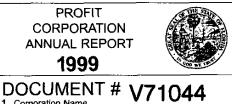
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

TAMPA SOD SERVICES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90048 040 \*\*\*150.00

## 

						-			l Capel Divil Ivel
Principal Place of Business Mailing Address						l			
4512 N. VINCENT ST. Tampa FL 33614		4512 N. VINCENT ST. Tampa FL 33614			DO NOT WRITI	= IN THIS	SPACE		
						Date Incorporated or Qualifed			
						10/09/1992			
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
		26				59-3196911			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
2		27				5. Certifcate of Status Desired		Fee f	Required
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	nt year Inta		_
4	25	29 3	30			Personal Property Tax.		☑ Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent	
LICO	DEDA CILIZIA C			81	Name				i
	RERA, SILVIA C.		82 S			ss (P.O. Box Number is Not Acceptate	ole)		
	N. ST. VINCENT ST.								
IAM	PA FL 33614			83					•
			ł	84	City			85 Zip	Code
					•	ration submits this statement for the p	<u> </u>		
agent. I ai	m familiar with, and accept the obligation of registered age.	· 			ignature required	when røinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	
TITLE	DVS	☐ DELETE	1,1 TIT	Œ				☐ Change	Addition
NAME	HERRERA, MANUEL SR.		1.2 NA	ME	l				·
STREET ADDRESS	4512 N. VINCENT ST.		1.3 ST	REETA	DDRESS				
CITY-ST-ZIP	TAMPA FL		1,4 C/I	TY-ST-Z	ZIP				
TITLE	DP	☐ DELETE	2.1 TIT	LE				☐ Change	Addition
NAME	HERRERA, SILVIA		2.2 NA	ME	}				
STREET ADDRESS	4512 N. VINCENT ST. 238		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			TY-ST-	ZIP				
TITLE	DELETE 31TF		3 1 TIT	LE	- 1			Change	Addition
NAME	HERRERA, MANUEL JR.		3.2 NA	ME					
STREET ADDRESS			3.3 ST	REETA	DORESS				,
CITY-ST-ZIP	TAMPA FL			TY-ST-	ZIP				Addition
TITLE		☐ DELETE	4.1 757		1			☐ Change	Addition
NAME			4. 2 NA						
STREET ADDRESS			1,10		DORESS				
CITY-ST-ZIP		[7] DELETE		ry-st-z	ZIP			☐ Change	e
TITLE		☐ DELETE	5.1 TIT 5.2 NA						- Magnion
NAME					nnpees				
STREET ADORESS					DDRESS				
CITY-ST-ZIP		□ ocucre	5,4 CIT	TY-ST-Z	117			☐ Change	e
TITLE		☐ DELETE						criange	
NAME			6.2 NA		nnocce				1
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			6.4 CT	IY-ST-Z			<u></u>		<del></del>

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 suppliemental 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.

SIGNATURE: