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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:21

DOCUMENT # 481577

(5)

1. Corporation Name

SOUTHEAST IRRIGATION, INC.

Principal Place of Business

619 NO. TAMiami TRAIL  
NOKOMIS FL 34275

Mailing Address

619 NO. TAMiami TRAIL  
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
08/01/1975

3a. Date of Last Report  
02/23/1994

4. FEI Number  
59-1679608

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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, 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

10. Name and Address of New Registered Agent

PORCELLI, BRIAN A.  
619 NO. TAMiami TRAIL  
NOKOMIS FL 34275

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PORCELLI, BRIAN A.  
STREET ADDRESS 619 NO TAMiami TRAIL  
CITY- ST- ZIP NOKOMIS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD  
NAME TABNER, RON  
STREET ADDRESS 664 EAGLE WATCH LN.  
CITY- ST- ZIP OSPREY FL

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

SIGNATURE:

*Brian A. Porcelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/95*  
Date

*813-966-4894*  
Telephone #