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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:16

DOCUMENT # **671516** **(3)**

1. Corporation Name

WESTERN IRRIGATION AND LANDSCAPING COMPANY

Principal Place of Business	Mailing Address
1050 E LAKE WOODLANDS PKWY PO BOX 860 PALM HARBOR FL 34682-7860	1050 E LAKE WOODLANDS PKWY PO BOX 860 PALM HARBOR FL 34682-7860

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1980
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2175986 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEAS, WILLIAM J.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GALENAS, ANDREW P.	1.2 NAME		
STREET ADDRESS	520 BROAD ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, WILLIAM E.	2.2 NAME		
STREET ADDRESS	520 BROAD ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, MICHAEL S.	3.2 NAME		
STREET ADDRESS	520 BROAD ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	LYDON, THOMAS P., JR.	4.2 NAME	YVONNE M. COMPITELLO	
STREET ADDRESS	520 BROAD ST	4.3 STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	LIPSKY, ALLAN B.	5.2 NAME	ARTHUR M. MILLER	
STREET ADDRESS	1050 E LAKE WOODLANDS PK	5.3 STREET ADDRESS	1050 EAST LAKE WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	PALM HARBOR, FL 34682	
TITLE	ST	6.1 TITLE	T	☒ Change ☐ Addition
NAME	JOHNSON, CHARLES W.	6.2 NAME	WILLIAM A. FINELLI	
STREET ADDRESS	1050 E LAKE WOODLANDS PK	6.3 STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	NEWARK, NJ 07102	

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: Arthur M. Miller Arthur M. Miller, Vice President 3/20/95 (813) 785-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461124 FP