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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H89553 (2)

1. Corporation Name

HARTMANN IRRIGATION, INC.



Principal Place of Business

Mailing Address

~~177 S. BANANA RIVER DR.~~
~~#88~~
~~MERRITT ISLAND FL 32952~~
~~US~~

~~7001 N. ATLANTIC AVE. SUITE #127~~
~~P.O. BOX 1162~~
~~CAPE CANAVERAL FL 32920~~

2. Principal Place of Business

2a. Mailing Address

21 **685 Fem Dr.**

26 **P.O. Box 541364**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Merritt Island**

27 **Merritt Island**

City & State

City & State

23 **Florida**

28 **Florida**

Zip

Country

Zip

Country

24 **32952**

25 **Brevard**

29 **32954-1364**

30 **Brevard**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSCHENBAUM, JACK A.
505 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Walter E. Hartmann

3/23/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HARTMANN, WALTER**
STREET ADDRESS ~~7001 N ATLANTIC AVE #127~~ **685 Fem Dr.**
CITY-ST-ZIP ~~CAPE CANAVERAL FL~~ **Merritt Island, FL.**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 address.

SIGNATURE:

Walter E. Hartmann pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96
DATE

407-484-3714
Daytime Phone #

CR2E034 (12/95)