FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J55662** **(7)**

1. Corporation Name
THE IRRIGATION MAN, INC.

Principal Place of Business	Mailing Address
1301 GULF COAST BLVD. VENICE FL 34292	1301 GULF COAST BLVD. VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1987**
3a. Date of Last Report: **11/07/1994**

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 / County 25	Zip 29 / County 30

4. FEI Number: **59-2767125** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AREND, DAVIN B. 1301 GULF COAST BOULEVARD VENICE FL 34292	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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995		
11 TITLE	SPDT	51 TITLE		☐ Change ☐ Addition
12 NAME	AREND, DAVIN B.	52 NAME		
13 STREET ADDRESS	1301 GULF COAST BLVD	53 STREET ADDRESS		
14 CITY ST ZIP	VENICE FL 34292	54 CITY ST ZIP		
21 TITLE		61 TITLE	VP	☐ Change ☒ Addition
22 NAME		62 NAME	James Violette	
23 STREET ADDRESS		63 STREET ADDRESS	360 Base Ave - Apt 413	
24 CITY ST ZIP		64 CITY ST ZIP	Venice, FL 34285	
31 TITLE		71 TITLE		☐ Change ☐ Addition
32 NAME		72 NAME		
33 STREET ADDRESS		73 STREET ADDRESS		
34 CITY ST ZIP		74 CITY ST ZIP		
41 TITLE		81 TITLE		☐ Change ☐ Addition
42 NAME		82 NAME		
43 STREET ADDRESS		83 STREET ADDRESS		
44 CITY ST ZIP		84 CITY ST ZIP		
51 TITLE		91 TITLE		☐ Change ☐ Addition
52 NAME		92 NAME		
53 STREET ADDRESS		93 STREET ADDRESS		
54 CITY ST ZIP		94 CITY ST ZIP		
61 TITLE		101 TITLE		☐ Change ☐ Addition
62 NAME		102 NAME		
63 STREET ADDRESS		103 STREET ADDRESS		
64 CITY ST ZIP		104 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)(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 above, or on an attachment with an address.

SIGNATURE: Davin Arend DAVIN B. AREND
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date

813-484-3222
Daytime Phone #

0448203 CP