

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L30942** (1)  
1. Corporation Name  
**D-A IRRIGATION, INC.**



Principal Place of Business: **POST OFFICE BOX 133 GOTHA FL 34734**  
Mailing Address: **POST OFFICE BOX 133 GOTHA FL 34734**

3. Date Incorporated or Qualified: **11/20/1989**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **59-2977883**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**ALDERMAN, RALPH D.  
9808 MORTON JONES RD.  
GOTHA FL 34734**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALDERMAN, RALPH D.	
STREET ADDRESS	9808 MORTON JONES ROAD	
CITY-STATE-ZIP	GOTHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALDERMAN, ALETA P.	
STREET ADDRESS	9808 MORTON JONES RD	
CITY-STATE-ZIP	GOTHA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALDERMAN, JERALD B.	
STREET ADDRESS	9816 MORTON JONES ROAD	
CITY-STATE-ZIP	GOTHA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CHUCK	
STREET ADDRESS	2800 N POWERS DR., #4	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ST
43 STREET ADDRESS	Ralph S. Alderman
44 CITY-STATE-ZIP	7211 Seamans Bluff Orlando, FL 32835
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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(9)(k), Florida Statutes. I further certify that the information indicated in 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: *Ralph S. Alderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RALPH D. ALDERMAN**  
3-29-96 407-295-1400

CR2E034 (12/95)