

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060703 (3)**

1. Corporation Name

ACTION IRRIGATION & LANDSCAPING CONTRACTORS, INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 952 SOUTH RIDGEWOOD AVE. LAKE CITY FL 32055	Mailing Address 952 SOUTH RIDGEWOOD AVE. LAKE CITY FL 32055
3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3268093	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**UNRAU, R. LAWTON
952 SOUTH RIDGEWOOD AVE.
LAKE CITY FL 32055**

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 607.1508, 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 the filer) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNRAU, R. LAWTON	12 NAME	Unrau, R. Lawton
STREET ADDRESS	P.O. BOX 925	13 STREET ADDRESS	952 S. Ridgewood Dr.
CITY - ST - ZIP	LAKE CITY FL 32058-0925	14 CITY - ST - ZIP	LAKE CITY, FL 32055
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMPMEYER, STEVEN L	22 NAME	Kampmeyer, Steven L.
STREET ADDRESS	P.O. BOX 461	23 STREET ADDRESS	952 S. Ridgewood Dr.
CITY - ST - ZIP	LAKE CITY FL 32058-0461	24 CITY - ST - ZIP	LAKE CITY, FL 32055
TITLE		31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	MCGEE, RUMMELL L.
STREET ADDRESS		33 STREET ADDRESS	952 S. Ridgewood Dr.
CITY - ST - ZIP		34 CITY - ST - ZIP	LAKE CITY, FL 32055
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: *R. Lawton Unrau* **R. LAWTON UNRAU** 4-21-95 904 75159629
(Signature typed or printed name of filer) (Date) (Telephone Number)