

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

ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
3400 BAYVIEW BLVD.  
TALLAHASSEE, FLORIDA 32309-0001  
TELEPHONE (904) 498-0001  
FACSIMILE (904) 498-0002

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:22

DOCUMENT # 853402 (6)

1. Corporation Name

NELSON IRRIGATION CORPORATION

Principal Place of Business

RT. 4, BOX 169  
WALLA WALLA WA 99362

Mailing Address

RT. 4, BOX 169  
WALLA WALLA WA 99362

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1982

3a. Date of Last Report

03/24/1994

4. FEI Number

37-0963413

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. 190.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BROWN, WILLIAM E  
RT. 1, BOX 1141  
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
29025 NW 32ND AVE

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 a new agent is appointed, the signature of the registered agent and the corporation must be obtained.)

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                   |
|-----------------|-----------------------------------|
| NAME            | PD                                |
| STREET ADDRESS  | NELSON, BARTON R                  |
| CITY - ST - ZIP | RT. 4, BOX 169<br>WALLA WALLA WA  |
| NAME            | VD                                |
| STREET ADDRESS  | MEYER, LARRY P.                   |
| CITY - ST - ZIP | RT. 4, BOX 169<br>WALLA WALLA WA  |
| NAME            | VD                                |
| STREET ADDRESS  | RUPAR, ROBERT L                   |
| CITY - ST - ZIP | RT. 4, BOX 169<br>WALLA WALLA WA  |
| NAME            | S                                 |
| STREET ADDRESS  | DOLAN, JOHN F                     |
| CITY - ST - ZIP | 502 LINCOLN RD<br>GROSS POINTE MI |
| NAME            | T                                 |
| STREET ADDRESS  | MADSEN, M. HERBERT                |
| CITY - ST - ZIP | RT. 4, BOX 169<br>WALLA WALLA WA  |
| NAME            | D                                 |
| STREET ADDRESS  | NELSON, KAREN                     |
| CITY - ST - ZIP | RT. 4, BOX 169<br>WALLA WALLA WA  |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | JONDAL, DANIEL E                                                             |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 my address.

SIGNATURE:

*Daniel E Jondal*

DANIEL E JONDAL

2-28-95 (501) 525-7600

SIGNATURE AND TYPE OR PRINT NAME OF DIRECTOR, OFFICER OR DIRECTOR

Title

Telephone Number