FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **268322** **(5)**

1. Corporation Name

SENNINGER IRRIGATION INC

Principal Place of Business	Mailing Address
6416 OLD WINTER GARDEN RD. ORLANDO FL 32835-1348	6416 OLD WINTER GARDEN RD. ORLANDO FL 32835-1348

3. Date Incorporated or Qualified: **03/25/1963**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. # etc.
27 | City & State
28 | Zip 29 | Country 30

4. FEI Number: **59-1000959** ☐ 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

KALEEL, SAMUEL J.
6416 OLD WINTER GARDEN RD
ORLANDO FL 32835

10. Name and Address of New Registered Agent

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 (Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEALY,A M		1.2 NAME	
STREET ADDRESS	6325 WYNGLOW LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEALY,MARK		2.2 NAME	
STREET ADDRESS	1735 BLOSSOMWOOD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SENNINGER, THOMAS P.		3.2 NAME	
STREET ADDRESS	5948 LAKE NELLIE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, FREDERICK T.		4.2 NAME	
STREET ADDRESS	12116 VALLEY RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SKOLNIK, ADAM R.		5.2 NAME	
STREET ADDRESS	12001 VALLEY RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KALEEL, SAMUEL J.		6.2 NAME	
STREET ADDRESS	1127 BLACK ACRE TR		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		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 an address.

SIGNATURE: Samuel J. Kaleel 4-1-96 (407) 293-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)