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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 268322

(5)

1. Corporation Name

SENNINGER IRRIGATION INC

Principal Place of Business

6416 OLD WINTER GARDEN RD.
ORLANDO FL 32835-1348

Mailing Address

6416 OLD WINTER GARDEN RD.
ORLANDO FL 32835-1348



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1963		3a. Date of Last Report 04/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1000959		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HEALY, A M	
STREET ADDRESS	6325 WYNGLOW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE
NAME	HEALY, MARK	
STREET ADDRESS	1735 BLOSSOMWOOD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE
NAME	SENNINGER, THOMAS P.	
STREET ADDRESS	5946 LAKE NELLIE RD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DV	☐ DELETE
NAME	ELLIOTT, FREDERICK T.	
STREET ADDRESS	12116 VALLEY RD.	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DS	☐ DELETE
NAME	SKOLNIK, ADAM R.	
STREET ADDRESS	12001 VALLEY RD.	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DT	☐ DELETE
NAME	KALEEL, SAMUEL J.	
STREET ADDRESS	1127 BLACK ACRE TR	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address

SIGNATURE:

Samuel J. Kaleel Samuel J. Kaleel 3-25-97 407/293-5555

CR2E034 (9/96)