2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 275555** 1. Entity Name POLK PUMP & IRRIGATION CO INC 01-23-2001 90094 042 ***150.00 Principal Place of Business Mailing Address 734 SOUTH COMBEE ROAD 734 SOUTH COMBEE ROAD LAKELAND FL 33801 LAKELAND FL 33801 **UUUUJ** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1027119 Not Applicable Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTTON, K R Street Address (P.O. Box Number is Not Acceptable) 734 SOUTH COMBÉE RD LAKELAND FL 33801 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE ☐ Defete TITLE ☐ Change Addition DAVIS, S L NAME NAME STREET ADDRESS 734 S COMBEE ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP VPD TITLE ☐ Delete ☐ Change Addition CHARACTER, E O JR NAME 734 S COMBEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND FL CITY-ST-ZIP TITLE Delete ☐ Change C Addition CHARACTER, E O NAME NAME 734 S COMBEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUTTON, K R NAME NAME STREET ADDRESS 734 S COMBEE ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RAINES, DEBORAH K NAME NAME STREET ADDRESS 734 S COMBEE ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

863 665 6161 Daytime Phone #

Change

■ Addition