FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345819 (7)

1. Corporation Name
GRACEWOOD IRRIGATION SYSTEMS, INC.

Principal Place of Business
1626 - 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370

Mailing Address
1626 - 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1265274 ☐ 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes XX No

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

9. Name and Address of Current Registered Agent

SMITH JR,SHERMAN N
2205 14TH AVE.
VERO BEACH FL 32960

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, DANFORTH K.	1 NAME	
STREET ADDRESS	1855 28 AVENUE	1 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1 CITY-ST-ZIP	
TITLE	PD	2 TITLE	☐ Change ☐ Addition
NAME	LUTHER, JOHN M.	2 NAME	
STREET ADDRESS	555 SOUTH A1A	2 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	2 CITY-ST-ZIP	
TITLE	VAS	3 TITLE	☐ Change ☐ Addition
NAME	KAHLE, GEORGE A.	3 NAME	
STREET ADDRESS	6020 SW 5TH ST.	3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	3 CITY-ST-ZIP	
TITLE	TSD	4 TITLE	Treasurer/Secretary XX Change ☐ Addition
NAME	PEREZ, TOMAS RENE	4 NAME	Perez, Tomas Rene
STREET ADDRESS	2019 CORTEZ AVENUE	4 STREET ADDRESS	2019 Cortez Avenue
CITY-ST-ZIP	VERO BCH, FL 00000	4 CITY-ST-ZIP	Vero Beach, Fla. 32960
TITLE	ATD	5 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, SUSAN R.	5 NAME	
STREET ADDRESS	265 RIVERWAY DR	5 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WILLIAM E.	6 NAME	
STREET ADDRESS	GLENDALE ROAD	6 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL	6 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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tomas Rene Perez- Treasurer

5/4/95 407-567-1151

0074925 CP