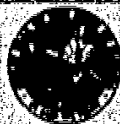


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 11:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 617816

(4)

1. Corporation Name

MORTON IRRIGATION COMPANY

Principal Place of Business

**1825 THORNHILL ROAD
AUBURNDALE FL 33823**

Mailing Address

**P.O. BOX 2801
LAKELAND FL 33804-2801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1979

3a. Date of Last Report

02/21/1994

4. FEI Number

59-1971609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **33823**

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

**MORTON, JOE C
542 DUCHESS COURT
LAKELAND FL**

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 **33803**

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 **PD**
NAME **MORTON, JOE C**
STREET ADDRESS **1925 THORNHILL RD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **VP**
NAME **MORTON, ROBERT J**
STREET ADDRESS **1925 THORNHILL RD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **VP**
NAME **MORTON, MARK**
STREET ADDRESS **1925 THORNHILL RD.**
CITY-ST-ZIP **AUBURNDALE RD 33823**

TITLE **VP**
NAME **MORTON, CORINNE**
STREET ADDRESS **1925 THORNHILL RD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **SD**
NAME **FREDERICKS, HEATHER R**
STREET ADDRESS **1925 THORNHILL ROAD**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **T**
NAME **KOFFLER, JEANNE**
STREET ADDRESS **1925 THORNHILL ROAD**
CITY-ST-ZIP **AUBURNDALE FL 33823**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEATHER R. FREDERICKS

4/06/95

Date

813-965-2851

Telephone Number