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FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 821892

(7)

1. Corporation Name

RAIN BIRD DISTRIBUTION CORP.

Principal Place of Business

145 N GRAND AVE  
P.O. BOX 37, ATTN: ACCOUNTING  
GLENDDORA CA 91740

Mailing Address

145 N GRAND AVE  
P.O. BOX 37, ATTN: ACCOUNTING  
GLENDDORA CA 91740-0037



3. Date Incorporated or Qualified

10/01/1968

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-2263632

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
PD	LA FETRA, ANTHONY W	145 NORTH GRAND AVE.	GLENDDORA CA	<input type="checkbox"/>
STD	LUDWICK, ARTHUR J	1651 OAK TREE TERR	GLENDDORA CA	<input type="checkbox"/>
D	LUDWICK, S L	1651 OAK TREE TERR	GELNDORA CA	<input type="checkbox"/>
S	HUPP, EDWIN M (ASST)	841 E. DALTON AVE.	GLENDDORA CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY-STATE-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	3.4 CITY-STATE-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-STATE-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	6.4 CITY-STATE-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec

3/12/97

818-852-7214