

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

ANNUAL REPORT
1995



DEPARTMENT OF STATE
3400 Bldg. M, 10th Floor
Tallahassee, Florida 32399-0001
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:22

DOCUMENT # 853402 (6)

1. Corporation Name

NELSON IRRIGATION CORPORATION

Principal Place of Business

RT. 4, BOX 169
WALLA WALLA WA 99362

Mailing Address

RT. 4, BOX 169
WALLA WALLA WA 99362

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1982

3a. Date of Last Report

03/24/1994

4. FEI Number

37-0963413

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. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BROWN, WILLIAM E
RT. 1, BOX 1141
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
29025 NW 32ND AVE

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

(If a new agent is appointed, the signature of the registered agent and the corporation's board of directors is required.)

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD
STREET ADDRESS	NELSON, BARTON R
CITY - ST - ZIP	RT. 4, BOX 169 WALLA WALLA WA
NAME	VD
STREET ADDRESS	MEYER, LARRY P.
CITY - ST - ZIP	RT. 4, BOX 169 WALLA WALLA WA
NAME	VD
STREET ADDRESS	RUPAR, ROBERT L
CITY - ST - ZIP	RT. 4, BOX 169 WALLA WALLA WA
NAME	S
STREET ADDRESS	DOLAN, JOHN F
CITY - ST - ZIP	502 LINCOLN RD GROSS POINTE MI
NAME	T
STREET ADDRESS	MADSEN, M. HERBERT
CITY - ST - ZIP	RT. 4, BOX 169 WALLA WALLA WA
NAME	D
STREET ADDRESS	NELSON, KAREN
CITY - ST - ZIP	RT. 4, BOX 169 WALLA WALLA WA

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	JONDAL, DANIEL E
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 my address.

SIGNATURE:

Daniel E Jondal

DANIEL E JONDAL

2-28-95 (501) 525-7660

SIGNATURE AND TYPE OR PRINT NAME OF DIRECTOR, OFFICER OR DIRECTOR

Title

Telephone Number