FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 07/09/1982
3a. Date of Last Report: 02/28/1995

4. FEI Number: 37-0963413 — Applied For / Not Applicable

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

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, WILLIAM E
29025 NW 32ND AVE
NEWBERRY FL 32669

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 607.0505, 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 of a Director or Officer or Registered Agent) (Note: Registered Agent must sign above when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NELSON, BARTON R	
STREET ADDRESS	RT. 4, BOX 169	
CITY, ST, ZIP	WALLA WALLA WA	
TITLE	VD	☐ DELETE
NAME	MEYER, LARRY P.	
STREET ADDRESS	RT. 4, BOX 169	
CITY, ST, ZIP	WALLA WALLA WA	
TITLE	VD	☐ DELETE
NAME	RUPAR, ROBERT L	
STREET ADDRESS	RT. 4, BOX 169	
CITY, ST, ZIP	WALLA WALLA WA	
TITLE	S	☐ DELETE
NAME	DOLAN, JOHN F	
STREET ADDRESS	502 LINCOLN RD	
CITY, ST, ZIP	GROSS POINTE MI	
TITLE	T	☐ DELETE
NAME	JONDAL, DANIEL E.	
STREET ADDRESS	RT. 4, BOX 169	
CITY, ST, ZIP	WALLA WALLA WA	
TITLE	D	☐ DELETE
NAME	NELSON, KAREN	
STREET ADDRESS	RT. 4, BOX 169	
CITY, ST, ZIP	WALLA WALLA WA	

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 119.07(3)(k), 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: Daniel E Jondal DANIEL E JONDAL 2-14-96 (509) 525-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)