FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F51792

(2)

Mailing Address

RAY'S IRRIGATION SYSTEMS, INC.

FILED									
Feb	18	1997	8:00am						
Se	cre	tary o	of State						



C/O BERNARD B. SOLA 189 GOLF CLUB LN. VENICE FL 34283 US		189 GOLF CLUB LN C/O BERNARD B SOLA VENICE FL 34293-4167 US			Date Incorporated or Qualified	3a. Date of Last	Report 1	
		00	00			11/02/1981 03/28/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEi Number		pplied For	
21		26			59-2139026	1	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional	
22		27			a. Certinicate di Statos Desired	Fee F	Required	
City & State	e	City & State		•	6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	ý	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 25 Name and Address of Ci		30]		Florida Statutes 10. Name and Address of New Reg			
		urient negistered Agent	B1	Name	10. Hallo and Rudices of Her He	initian Macin		
	A, BERNARD, B.							
189 GOLF CLB LANE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
VEN	ICE FL 33595		63					
						· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zir	Code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute	es, the abov	re-named co	rporation submits this statement for the p	urpose of changing	its registered	
office or r	registered agent, or both, in the :	State of Florida. Such change was a obligations of, Section 607.0505, Flo	ulhorized b	v the corpor:	ation's board of directors. I hereby accep	t the appointment a	s registered	
-	in ranniar with, and decept the	opingariona or, deciron our soco, the	inda Otaliale					
SIGNATURE	Signature, typed or printed name of register	ed agent and tille if applicable (NO1)	Registered Ag	ent signature req	uired when reinstating)	DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTSD	DELETE	1.1 TITLE	İ		Change	☐ Addition	
NAME	SOLA, BERNARD, B.		1.2 NAME					
STREET ADDRESS	189 GOLF GULF LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	VENICE, FL 00000		1.4 C/TY -	ST-ZIP			- Addison	
TITLE		☐ DELETE	2 1 TITLE			L Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
C-TY-ST-ZIP		DELETE	2. 4 CITY	ST - ZIP		Change	Addition	
TITLE		L DELETE	3.1 TITLE				ROUNION	
NAME			3.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	3.4 CITY-	ST-ZIP		Change	Addition	
TITLE		- ptress		.		المالية الم		
NAME			4. 2 NAMI					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	31-ZIP		Change	Addition	
NAME		Decere	5.2 NAME					
				T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - 6 1 TITLE	31-71L		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		and the ship files along the specific	6.4 C/TY-		ed in Section 119 07(3)(i) Florida Statute	a I further cortify th	at the	

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.