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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400004176 (3)

RAIN BIRD SALES, INC

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Trust Fund Contribution Added to F Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 19 Zip Signature Registered Agent 10. Name and Address of New Registered Agent 1200 S. PINE ISLAND RD. PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cod Registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its resolution of 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, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PUBLIFIED STATE STATE OFFICERS AND DIRECTORS IN 1.1 THE STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 RAME STREET ADDRESS 145 N. GRAND AVE. 1.3 STREET ADDRESS 145 N. GRAND AVE. 2.2 STREET ADDRESS 145 N. GRAND AVE. 2.2 STREET ADDRESS 145 N. GRAND AVE. 2.2 STREET ADDRESS 145 N. GRAND AVE. 3.2	es
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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 re- 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 agent with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or jointed agent agent wild their personal properties agent algorithm required when reinstating) DATE	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/300. Elevide Statutes I further certify that the	Addition
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 I am an officer or director of tige corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	F

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22-18-97 818

818:852-7214

FILED

Mar 07 1997 8:00am

Secretary of State