| FILE NOW: FILING FEE   | Š>-  | ARTIMENT OF STATE  |  |   |
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| CORPORATION ANNUAL REPORT  1996  | Secret   | B. Mortham<br>ary of State<br>CORPORATIONS   |  |   |
| DOCUMENT # F9560  I. Corporation Name  | 0000712  |  |  |   |
| A+ F Irrigation  | Incorporat   | ied  |  |   |
| Principal Place of Business  | Mailing Address  |  |  |   |
| 313 B North Jackson  | POBON 8  | け  |  |   |
| Tullahoma, TN 37388  | Tullahoma  |  | Date Incorporated or Qualified 3   | a. Date of Last Report  |
| follower in 2128   | 1011QVOIN  | 4,1 5 . 5 .  | 2 - 13-95  | 1 ~ 24-95   |
| Principal Place of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For   |
| Same as above  | 26 Same  | as above   | 62-112729-6  | Not Applicable  |
| Suite, Apt. #, etc.  | Suite. Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| City & State   | City & State   |  | <b>6.</b> Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees  |
| Zip Country  | Zip  | Country<br>30  | 8. This corporation has liability for intar Florida Statutes Yes   |   |
| 9. Name and Address of Curre   | 29<br>ent Registered Agent   | 130  | 10. Name and Address of New Regi   |   |
|  | 1  | 81 Name  |  |   |
|  | <u> </u>   | 1 1  |  |   |
| Susan N. Vincen  |  |  | ress (P.O. Box Number is Not Acceptable)   |   |
| AAA M. MINGEN  |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)   |   |
| 449 Millow The   | e Drive  |  | ress (P.O. Box Number is Not Acceptable)   |   |
|  | e Drive  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)   | FL 85 Zip Code  |
| Helbourne, TO  | e Drive 3 29 48  02 and 607, 1508, Florida Statu orda, Such change was authori.  | 82 Street Add 83 84 Orty tes, the above-named corporated by the corporation's boar   | ration submits this statement for the purpos   | FL      <br>se of changing its registered off   |
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14. Lido 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 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 615-455-6431