

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90115 038 ***150.00

DOCUMENT # F95000000712

1. Corporation Name

A & F IRRIGATION, INCORPORATED



Principal Place of Business

313 B NORTH JACKSON
TULLAHOMA TN 37388

Mailing Address

313 B NORTH JACKSON
TULLAHOMA TN 37388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

62-1127296

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 209 West Warren St
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 817
Suite, Apt. #, etc.

City & State

23 Tullahoma, TN

24 37388 25 Coffee

City & State

28 Tullahoma, TN

29 37388 30 Coffee

9. Name and Address of Current Registered Agent

HOLMAN, TREVOR
6056 TERRA ROSA CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name TREVOR Holman

82 Street Address (P.O. Box Number is Not Acceptable)

8657 Windy Circle

83

84 City Boynton Beach

85 Zip Code FL 33437

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME ABBOTT, TOMMY
STREET ADDRESS #7 CLAIREMONT CIRCLE
CITY-STATE-ZIP TULLAHOMA TN 37388

TITLE ST ☐ DELETE

NAME ABBOTT, KATHY
STREET ADDRESS #7 CLAIREMONT CIR
CITY-STATE-ZIP TULLAHOMA TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Abbott

11/6/99

931-455-6431

Date Daytime Phone #

CR2E034 (1/98)