FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03497 (6)

1. Corporation Name
FLORIDA DESIGN IRRIGATION, INC.

Principal Place of Business	Mailing Address
1344 S.KILLIAN DRIVE LAKE PARK FL 33403-1919	1326 S. KILLIAN DR. LAKE PARK FL 33403 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 1326 S. Killian Dr.
Suite, Apt. #, etc. (22):
City & State (23): Lake Park, Florida
Zip (24): 33403 County (25): Palm Beach

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): County (30):

4. FEI Number: 59-2236164 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MINTZER, PHILIP H
1344 SOUTH KILLIAN DRIVE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1326 S. Killian Drive
83:
84 City: Lake Park FL 85 Zip Code: 33403

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☒ Change ☐ Addition
NAME	MINTZER, PHILIP H	1.2 NAME	Mintzer, Philip H.	
STREET ADDRESS	1344 SOUTH KILLIAN DRIVE	1.3 STREET ADDRESS	1326 S. Killian Drive	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	Lake Park, Fl 33403	
TITLE	DP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	CLARKE, THOMAS H	2.2 NAME	Clarke, Thomas H.	
STREET ADDRESS	5857 STONEWOOD CT.	2.3 STREET ADDRESS	10288 Allamanda Blvd.	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	RING, TERENCE J.	3.2 NAME		
STREET ADDRESS	15650 7ST DR NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	CLARKE, ELIZABETH	4.2 NAME	Clarke, Elizabeth	
STREET ADDRESS	1344 S KILLIAN DR	4.3 STREET ADDRESS	10288 Allamanda Blvd.	
CITY-ST-ZIP	LAKE PARK FL 33403	4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ Thomas H. Clarke 4-27-95 (407-845-1733)
SIGNATURE OF NEW PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0243952 CP