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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

WEST COAST IRRIGATION, INC.

cipal Place of Business	Mailing Address	
6 15TH ST., E.	3216 15TH ST., E.	

## **FILED** Jan 21 1998 8:00am Secretary of State



Princ BRADENTON FL 34208 **BRADENTON FL 34208** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1983 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 26 59-2364819 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CAMPBELL, MARY K. 3216 15TH STREET, EAST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34208** 83 84 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1.1 TITLE Change CAMPBELL, LARRY NAME 1 2 NAME 3216 15TH ST. E. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** CITY-SI-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE Change 2.1 TITLE Addition NAME CAMPBELL, MARY 2.2 NAME STREET ADDRESS 3216 15TH ST. E. 2.3 STREET ADDRESS BRADENTON FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I hereby certify that the information supplied with this filling 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 (fighanged, or on an attachment with an address.

SIGNATURE:

CITY - ST - ZIP

1-13-98

941-748-6094