

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H18035 (6)

1. Corporation Name
MCCOY IRRIGATION, INC.

Principal Place of Business 1304 RUPP LANE 6156 MESSANA TERRACE LAKE WORTH FL 33460 US	Mailing Address 1304 RUPP LANE 6156 MESSANA TERRACE LAKE WORTH FL 33460-6150 US
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2. Principal Place of Business 21 1304 Rupp Lane Suite, Apt. #, etc. 22 Lake Worth, FL City & State 23 33460 Zip 24 U.S.A. Country	2a. Mailing Address 26 1304 Rupp Lane Suite, Apt. #, etc. 27 Lake Worth, FL City & State 28 33460 Zip 29 U.S.A. Country	3. Date Incorporated or Qualified 08/24/1984	3a. Date of Last Report 04/05/1996
		4. FEI Number 59-2440629	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCOY, LAVETA G. 6156 MESSANA TERRACE LAKE WORTH FL 33463-4294	10. Name and Address of New Registered Agent 81 Name Robert M. Schwartz 82 Street Address (P.O. Box Number is Not Acceptable) 83 102 North Swinton Avenue 84 City Delray Beach FL 85 Zip Code 33444
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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 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 *Robert M. Schwartz* **Robert M. Schwartz** DATE **4/2/97**

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 MANAGER	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCOY, LAVETA		1.2 NAME McCoy, Laveta	
STREET ADDRESS 6156 MESSANA TERRACE		1.3 STREET ADDRESS 1304 Rupp Lane	
CITY-ST-ZIP LAKE WORTH FL 33460		1.4 CITY-ST-ZIP Lake Worth, FL 33460	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Hadley, Kevin E.	
STREET ADDRESS		2.3 STREET ADDRESS 1304 Rupp Lane	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Lake Worth, FL 33460	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Hadley, Regina K.	
STREET ADDRESS		3.3 STREET ADDRESS 1304 Rupp Lane	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Lake Worth, FL 33460	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Kevin E. Hadley* **Kevin E. Hadley, Pres.** DATE **5/6/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)