


3-31-97 ~~4/28/97~~ 15 8702 M  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H49235 (5)</b> 1. Corporation Name <b>A. J.'S IRRIGATION, INCORPORATED</b>			
Principal Place of Business <b>138 35TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250</b>		Mailing Address <b>138 35TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250-8051</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>ZAMM, ALAN JESSE 138 35TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 12.1 TITLE <b>D</b> <input type="checkbox"/> DELETE 12.2 NAME <b>DIEBEL, CHARLES R.</b> 12.3 STREET ADDRESS <b>217 SAN JUAN DR</b> 12.4 CITY-STATE-ZIP <b>PONTE VEDRA BEACH FL</b> 12.5 TITLE <b>ST</b> <input type="checkbox"/> DELETE 12.6 NAME <b>ZAMM, MARILYN A.</b> 12.7 STREET ADDRESS <b>138 35TH AVE., SOUTH</b> 12.8 CITY-STATE-ZIP <b>JACKSONVILLE BCH. FL</b> 12.9 TITLE <b>P</b> <input type="checkbox"/> DELETE 12.10 NAME <b>ZAMM, ALAN J.</b> 12.11 STREET ADDRESS <b>138 35TH AVENUE, SOUTH</b> 12.12 CITY-STATE-ZIP <b>JACKSONVILLE BEACH FL</b> 12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP 12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-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 or Block 14.			
SIGNATURE: <b>ALAN JESSE ZAMM</b> 3/28/97 904-247-0513 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)