

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 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 # J04733 (8)
1. Corporation Name
ACUFF IRRIGATION COMPANY



Principal Place of Business 841 ROCK HILL CHURCH RD 1320 TIMBERIDGE LOOP N. COTTONDALE FL 32431 US	Mailing Address 841 ROCK HILL CHURCH ROAD 1320 TIMBERIDGE LOOP N. COTTONDALE FL 32431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 841 Rock Hill Church Rd	3. Date Incorporated or Qualified 03/17/1986	3a. Date of Last Report 05/01/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2783963	Applied For Not Applicable
City & State 23	City & State 28 COTTONDALE, FL	5. Certificate of Status Desired 29 ☒ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip 24 32431	Country 25	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACUFF, WILLIAM P.
1320 TIMBERIDGE LOOP N.
LAKELAND FL 33805

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	☐ Change ☐ Addition
NAME	ACUFF, WILLIAM T.	1.2 NAME	
STREET ADDRESS	841 ROCK HILL CHURCH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ACUFF, FRANK V.	2.2 NAME	
STREET ADDRESS	7894 REYNOLDS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	ACUFF, BETTY J.	3.2 NAME	
STREET ADDRESS	841 ROCK HILL CHURCH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ACUFF, LAWRENCE M.	4.2 NAME	
STREET ADDRESS	RT 2 BOX 24	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	4.4 CITY-ST-ZIP	
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 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: *[Signature]* 9-11-07 9m-1389740

CR2E034 (4/97)