SECOND NOTICE: [illegible]
AMOUNT DUE ON OR BEFORE [illegible]

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
199

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

DOCUMENT # J04733 (8)

1. Corporation Name
ACUFF IRRIGATION COMPANY

Principal Place of Business	Mailing Address
RR 1 BOX 95 B 1320 TIMBERIDGE LOOP N. VERNON FL 32462 US	RR 1 95 B 1320 TIMBERIDGE LOOP N. VERNON FL 32462 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1986
3a. Date of Last Report: 05/01/199

2. Principal Place of Business
21 [redacted] 841 Rock Hill Church Rd
22 State, Apt. #, etc.
23 City & State: Cottondale, FL Washington
24 Zip: 32431
25 Country: USA

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2783963 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ ~~X~~ NO

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	☐ Change ☐ Addition
NAME	ACUFF, WILIAM T.	1.2 NAME	
STREET ADDRESS	841 Rock Hill Church Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cottondale, FL 32431	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	[redacted] Tallahassee, FL 32312	2.4 CITY-ST-ZIP	
TITLE	OST	3.1 TITLE	☐ Change ☐ Addition
NAME	Taina S. Acuff	3.2 NAME	
STREET ADDRESS	7894 Reynolds DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	Betty J. Acuff	4.2 NAME	
STREET ADDRESS	841 Rock Hill Church Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cottondale, FL 32431	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400002543364
STREET ADDRESS		5.3 STREET ADDRESS	-06/02/98--01016--031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
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 complete, that I am executing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication 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. I further certify that the information indicated on this 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 with an indication that I am an officer or director.

SIGNATURE: William P. Acuff Pres. 5/5/98

5-1-98