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)

MANNING IRRIGATION, INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place o	M Rusiness	Mailing Address				
1436 ALETHA DRIVE JACKSONVILLE FL 32211 1436 ALETHA DRIVE JACKSONVILLE FL 32211			1		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/19/1986	
2. Principal Plac	en of Business	2a. Mailing Address	·		4. FEI Number	Applied For
21		26		59-2669931	Not Applicable	
Suite, Apt. #,	etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired L.J	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	p Country Z(p		Country		8. This corporation owes or has paid the cu	
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent		B1 Name	10. Name and Address of New Registered	Agent
	, DANIEL D.			81 Name		
	INDEPENDENT SQUARE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	INDEPENDENT DRIVE			83		
JACK	SONVILLE FL 32202			63		
			Ī	64 City	FL	85 Zip Code
dd Discount in	Secretary of Continue CO7 Of	02 and CO7 3CO9. Florida Ctat.	don the ob	ave pamed ser	poration submits this statement for the purpose o	f changing ite registered
office or red	istered agent, or both, in the Sta familiar with, and accept the obli	te of Florida. Such change was	authorized	by the corpora	lion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	phalure, typed or printed name of togetiched a	gest and the if apply able (NC	H Registered	Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 Tif	LF .		☐ Change ☐ Addition
NAME	Manning, Daniel E.		1.2 NA	ME		
STREET ADDRESS	1436 ALETHA DR.		1.3 STI	REFT ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP		
TITLE	81	DELETE	DELETE 2.1 TIT			Change Addition
NAME	*** - * * * * * * * * * * * * * * * * *		2.2 NA	ME		
STREET ADDRESS	1436 ALETHA DRIVE		2.3 STI	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			IY-S1-ZIP		The same that the same
TITLE			3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE			3.4 GI 4.1 TIT	IY-ST-7IP		Change Addition
NAME		L. Dittil	4. 1 111 4. 2 NA	ŧ		ermiles Filtragition
STREET ADDRESS				REET ADDRESS Y-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TIT	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NA	1		• —
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 711	····		Change Addition
NAME	÷,	_	6.2 NA			
STREET ADDRESS	Professional Control of the Control			KEET ADDRESS		
CITY-ST-ZIP	•			Y-ST-ZIP		

14. Thereby 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.