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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54562

(0)

PERDIDO IRRIGATION SYSTEMS, INC.

FILED				
Apr 16 1997 8:00am				
Secretary of State				

LANGUAGE CHAIRMANN	HI ONE DIE DE	IN Gir in Bir ik Birik Har

01/27/18 28. Mailing Address 4. FEt Numb 21 26 59-276	er Applied For
3. Date Inco 01/27/18 2. Principa Place of Business 2a. Mailing Address 4. FEI Numb 21 26 59-276 Suite Apt # etc.	987 04/19/1996 Per Applied For Not Applicable Per Status Desired
21 26 59-276	Not Applicable s of Status Desired \$8.75 Additional
Suite Apt # clc Suite Apt # etc.	of Status Desired S8.75 Additional
	of Status Desired 1 1
[22] 5. Certificate	
City & State City & State 6. Election C	Campaign Financing \$5.00 May Be
	d Contribution Added to Fees
	pration has liability for intangible tax under s. 199.032, atutes
	d Address of New Registered Agent
STEWART, CLAUDE G. 81 Name	
12560 OPHELIA DRIVE 82 Street Address (P.O. Box Nu	umber is Not Acceptable)
PENSACOLA FL 32506	
63	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits to	this statement for the purpose of changing its registered
othice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direction from Earn family 1978, and accept the obligation of 5 Section 607.0505. Florida Statutes.	rectors. I hereby accept the appointment as registered
SIGNATURI Vande Goldmant Purcher	4-10-97 DAYE
Signary Agent of prival narral energy cone traggers and the if applicable V (NOTE Registered Agent signature required when reinstating)	
THE PD DELETE STATE	S/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME STEWART, CLAUDE G. 12 NAME	
STUTE LADDRESS 12560 OPHELIA DRIVE 13 STREET ADDRESS	
CHY-SI Zii: PENSACOLA FL 14 CITY-SY-ZIP	
THER DELETE 21 TITLE	Change Addition
ELAW 22 NAME	
STREET ADDRESS	A1 •
(3 e § -76 2.4 CITY-ST-71P	☐ Change ☐ Addition
NAME 32 NAME	المالية والمستور المستورة
STREET ADDRESS 33 STREET ADDRESS	
(014 51 20 3.4 CITY-S1-2IP	
TILE DELETE 4.1 YITLE	Change Addition
UMAN 4.2 NAME	
534E1 (SIRET ADDRESS)	
CITY ST 78P	Change Addition
1.6V 52 NAME	Em Sounds Em Populor
5-PRIES ALHING 155	
C-1Y-S 75P 5.4 CHY-S1-ZIP	
TILLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STEER FAIL ORDERS 6.3 STREET ADDRESS	
2017 ST 20 6.4 CITY-ST-ZIP 1.4 Lides by define their their their planning supplied with this filling does not qualify for the exemption stated in Section 119 C	27/33/i) Florida Statutos Liurthas contitu that the

4. I do he reby 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER ON DIRECT

4-10-9

904-492-1203