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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55662

1. Corporation Name

THE IRRIGATION MAN, INC.

Principal Place of Business	
1301 GULF COAST BLVD.	

Mailing Address

1301 GULF COAST BLVD. VENICE FL 34292

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90033 012 ***150.00



						NOT WRITE IN TH	3 SI ACL	
					3. Date Incorporated	or Qualifed	.,	
					02/02/1987			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2767125		1	Not Applicable
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	.,	27			5. Certifcate of Status	Desired	Fee	Required
City & State	9	City & State			6. Election Campaign	Financing	\$5.0	0 May Be
¬ `	_	28			Trust Fund Contrib			d to Fees
23 Zip	Country	Zip	Cou	untry	8. This corporation ov	ves the current year I	ntangible	
24	25	29	30	•	Personal Property		I Yes	□No
24	9. Name and Address of Current		1901		10. Name and Addres		d Agent	
	o. Home dila / tour occ o. Tour one			81 Name				
AREND, DAVIN B.							·	<u>-</u>
	GULF COAST BOULEVARD			82 Street	Address (P.O. Box Number is	Not Acceptable)		
	CE FL 34292			83		·		
76(4)	01 1 2 04202			63		•		
				84 City			85 Zi	Code
						<u> </u>	_ , ,	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the a	bove-named	corporation submits this stater	nent for the purpose o	of changing a	its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was ons of, Section 607,0505, f	autnonzeo Iorida Stat	a by the corpo tutes.	oration's board of directors. Th	ereny accept the app	Ontunent as	registered
	,, tallina vial, and doopt an obligan	.,, ., ., ., ., ., ., ., ., ., ., ., .,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	d Agent signature r	equired when reinstating)	DATE		
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANG	SES TO OFFICERS A	AND DIRECT	FORS IN 12
12.		DINCOTONO	13.		ADDITIONS/CHAIN	SES TO OFFICEROR		
TITLE		DELETE	13. 1.1 Ti	ITLE	ADDITIONS/CHAIN	SEG TO OFF TOERO	☐ Chang	e
TITLE	SPDT		1.1 TI		ADDITIONS/CHANG	323 TO OTT TO ENG 7	☐ Chang	e
TITLE NAME	SPDT Arend, Davin B.		1.1 TI 1.2 N	IAME	ADDITIONS/CHANC	SEG TO OF HOLING A	☐ Chang	e Addition
TITLE NAME STREET ADDRESS	SPDT Arend, Davin B. 1301 Gulf Coast BLVD		1.1 TI 1.2 N 1.3 S	IAME TREET ADDRESS	ADDITIONS/CHAIN	SEG TO OFFICE NO.	☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292	DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	IAME TREET ADDRESS TTY-ST-ZIP	ADDITIONS/CHAIN	323 10 01 11021007		
TITLE NAME STREET ADDRESS	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292 VP		1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	IAME TREET ADDRESS ITY-ST-ZIP ITLE	ADDITIONS/CHAIN	323 10 01 11021007	☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292 VP VIOLETTE, JAMES	DELETE	1.1 TI 1.2 No 1.3 S' 1.4 C 2.1 TI 2.2 No	IAME TREET ADDRESS LITY-ST-ZIP ITLE IAME	ADDITIONS/CHAIN	323 10 01 11021007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292 VP VIOLETTE, JAMES 360 BASE AVENUE APT 413	DELETE	1.1 TI 1.2 No 1.3 S' 1.4 C 2.1 TI 2.2 No	IAME TREET ADDRESS ITY-ST-ZIP ITLE	ADDITIONS/CHAINC	323 10 01 11021007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292 VP VIOLETTE, JAMES	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	IAME TREET ADDRESS LITY-ST-ZIP ITLE IAME	ADDITIONS/CHAIRC	323 10 01 11021007	☐ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPDT AREND, DAVIN B. 1301 GULF COAST BLVD VENICE FL 34292 VP VIOLETTE, JAMES 360 BASE AVENUE APT 413 -VENICE FL VP FREDERICKSON, DANA 125 AIRPORT AVENUE APT. #7	DELETE DELETE DELETE	1.1 TI 1.2 N 1.3 S' 1.4 C 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S'	IAME ITREET ADDRESS OITY-ST-ZIP ITTLE IAME ITREET ADDRESS OITY-ST-ZIP	VP Eugene RocheK		☐ Chang	e ☐ Addition e ☐ Addition e ☐ Addition
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indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am all 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, with all other like empowered.