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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J62084

(5)

NORTH FLORIDA IRRIGATION EQUIPMENT, INC. OF ORAN

GE PARK Principal Place of Business Mailing Address 3200 POWERS AVE 1491 WELLS RD ORANGE PARK FL 32073 P O BOX 23936 JACKSONVILLE FL 32207-8014 US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1987 03/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2782564 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country $Z_{\rm IP}$ Country Zin This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLIS, GEORGE J. JR 901 PENINSILAR PLACE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 84 City 65 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typica or prested name of tegistered agent and the if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change ΕÖ DELETE 1.1 TITLE Addition HILE EATON, HARLAN K. 1.2 NAME NAME CR2E034 3200 POWERS AVE 1.3 STREET ADDRESS STREE: ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP fully - ST - ZIE DELETE ☐ Change Addition 2.1 TITLE TITLE CHEEK, RICKEY L. NAM: 2.2 NAME 1491 WELLS RD. 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 2 4 CITY-ST-ZIP CHY-SI DELETE Change 31 TITLE Addition THE NAMÉ 32 NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY-ST-ZIP CHY-S1-ZF DELETE Change Addition THILE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-S1-ZIF Change Addition DELETE 5.1 TITLE TillE 5.2 NAME NAME 5.3 STREET ADDRESS STEEL ADORESS 54 CITY-ST-ZIP City - ST- ZIP

14. I do nereby 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 of this army of report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the officers of the officers of the officers of the officers of the officers. In the director of the officers and that my name appears in the kill 2 of villock 13 of the god, or on an attachment with a paddress.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS COLY+S1+ZIP

4/11/97

904-733-8720

Change

Addition

FILED

Apr 16 1997 8:00am

Secretary of State

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