SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

CITY-ST-ZIP

SIGNATURE:

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Oct 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K39981 (1)NIMBUS IRRIGATION INCORPORATED Principal Place of Businese-Mailing Address 741 FELLOMERE ROAD 741 FELLSMEBE ROAD SEBARTIAN FD 32958 SEBASTIAN FL 32958 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1988 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 161 ST,RO 65-0075906 Not Applicable Suite-Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired TIUK Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ١١ Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 30 9. Name and Add ess of Ourren Begistered Agent 10. Name and Address of New Registered Agent 81 Name GREGORY, ANDREW L 624 FISCHER HAMMOCK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **SEBASTIAN FL 32958** 83 84 City Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, 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 Signature, typed or printed hanse of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE GREGORY, ANDREW L. 1.2 NAME NAME **824 FISCHER HAMMOCK RD.** STREET ADDRESS 1.3 STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **VPS** 2.1 TITLE Change TITLE DELETE Addition GREGORY, MARY 2.2 NAME NAME 624 FISCHER HAMMOCK RD. 2.3 STREET ADDRESS STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP 2 4 CITY-ST-ZIP 3 1 TITLE TITLE __ DELETE Change ___ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE __ DELETE ___ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby 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 any oddrods. 2 (Andrew 1. Gregory 9/28/98

561-388-5226

CR2E034 (5/98)