FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (7)**DOCUMENT #** 1. Corporation Name S & S IRRIGATION, INC. Mailing Address Principal Place of Business 606 SOUTH 6TH AVE 806 SOUTH 6TH AVE WAUCHULA FL 33873 WAUCHULA FL 33873 ted or Qualified 01/31/1989 04/19/1995 Applied For 2a. Mailing Address 2. Principal Place of Busines 59-2929730 Not Applicable 127 m. 127\_ 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) STONE, SHERRICK N. 82 606 S. 6TH AVE. WAUCHULA FL 33873 64 O" Le Auchala 11. 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 amfamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE al assumentating T CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Add tion DELETE 1 1 THEF TITLE STONE, SHERRICK N. 1.2 NAME NAME **806 SOUTH 6TH AVE** 1.3 STREET ADDRESS STREET ADDRESS WAUCHULA FL 1.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 2 110ftE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-S' ZIP ☐ Addition DELETE 3 1 TH LF TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 Ciliy - ST - Z'P CHY-ST-ZIP Addition ☐ DELETE TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 C-TY - ST - Z-P CITY-ST-7P Addit on ☐ DELETE 5.3 Title TillE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 C(TY - ST - Z)F CITY-ST-ZIP Change Addition DELETE 6 1 lille TITLE 6.2 NAME NAME 6.5 STREET ADDRESS STREET ADDRESS € 4 CiTY - ST - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under certify that if 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 13.4 chapted, or on an attachment with an address

Dustine Stool #