£.	FILE	NOW:	<b>FILING</b>	FEE .	AFTER	MAY	1 18.	\$550.00
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SIGNATURE:

**PROFIT** FILED · FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mörtham ANNUAL REPORT Secretary of State 97 JUL 14 MM 9:38 **DIVISION OF CORPORATIONS** 1997 DOCUMENT # K629 SECREDIAL OF STATE TALLAHASSEE, HLORIDA Irri-Scape of North Florida, Inc. 1724 S. ST Johns Bluss Rd Jacksonville F1 32246 3. Date Incorporated or Qualified | 3a. Date of Last Report Fe6 1885 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2925 998 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 23 28 Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name J. Dean Kitchin Street Address (P.O. Box Number is Not Acceptable) 74 Zamora ST В3 St Augustine Fl 32095 R4 City Zip Code 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 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 name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President DELETE 1.1 TITLE Change TITLE Addition 1.2 NAME NAME 100002240011--2 -07/16/97--01099--023 1.3 STREET ADDRESS STREET ADDRESS 32246 ☐ DÉLETE 1.4 CITY - ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE \*\*\*\*165.00 \*\*\*\*165v00 NAME ASAlee T. Kitchin 2.2 NAME 74 Zamora st 2.3 STREET ADDRESS STREET ADDRESS ST Pusus tine F1 32246 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE 3 1 TULE Change Addition 32 NAME NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE Addilion TITLE 41 TIFLE 4 2 NAME STRUIT ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CFFY-S1-ZIP DELETE 5 1 TIBLE Addition TILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1-7IP CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAM( NAME STREET ADDRESS 6.3 STREET LADDRESS 6.4 CITY - ST - ZIP 14. If do 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 eath; 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. CITY-ST-ZIP

IGNING OFFIÇER OR DIRECTOR

904-642-4425





1724 St. Johns Bluff Rd. Jacksonville, FL 32246 (904) 642-4425 Fax (904)642-6690

JULY 11, 1997

FLORIDA DEPT. OF STATE DIVISION OF CORPS, P.O. BOX 6327 TALLAHASSEE, FL 32314 904-487-6059

TO WHOM IT MAY CONCERN:

REF: #K62985 LETTER #997A00033932

I SPOKE WITH YOUR DEPARTMENT ON JUNE 24, 1997 IN REGARDS TO NOT RECEIVING MY ANNUAL REPORT ON TIME. THEY IMMEDIATELY SENT IT OUT TO ME, I RETURNED IT IMMEDIATELY BY MAIL WITH MY CHECK FOR \$165.00. I DID NOT PAY THE LATE FEE SO THE CHECK WAS RETURNED TO ME, I AGAIN CALLED YOUR DEPARTMENT AND SPOKE WITH A LADY AND SHE SAID TO WRITE A LETTER REMINDING YOU THAT WE HAD NOT RECEIVED OUR ANNUAL REPORT AND JUST RETURN THE CHECK FOR \$165.00 AND THEY WOULD WAIVE THE LATE FEE.

of North Herida, Inc.

I AM SORRY ABOUT ANY INCONVENIENCE THIS HAS CAUSED.

SINCERELY

J. DEAN KITCHIN, PRESIDENT

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