## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90018 026 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

DOCUMENT	# K69911	ı

Corporation Name

LUBEE'S IRRIGATION, INC.

SPRING HILL FL 34606

Principal Place of Business 2160 MARINER BOULEVARD SPRING HILL FL 34609-3859

24

Mailing Address

2160 MARINER BOULEVARD SPRING HILL FL 34609-3859

3. Date Incorporated or Qualifed 03/02/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2938883 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip

25 29 30 Personal Property Tax. The Year Section 10 Name and Address of New Registered Agent

10 Name and Address of New Registered Agent

11 Name

LUBEE, MAURICE A.

2160 MARINER BLVD.

28 Street Address (P.O. Box Number is Not Acceptable)

82	Street Addr	ess (P.O. Box Number	is Not Acceptable)		
	•			 ·	
83		•			
				85	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 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.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Man a. W.		4-6-99		
	3,000,000		required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS	13.			
TITLE	<b>DP</b> □ DELETE	1.1 TITLE	hange Addition		
NAME	LUBEE, MAURICE A.	1.2 NAME			
STREET ADDRESS	11133 BELLTOWER ST	1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		
TITLE	V DELETE	2.1 TITLE	Change Addition		
NAME	BOYLE, WILLIAM	2.2 NAME			
STREET ADDRESS	7420 MEAD DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP			
TITLE	T ¿ETE	3.1 TITLE	Change Addition		
NAME	RIVERA, DAVID	3.2 NAME			
STREET ADDRESS	3023 DUMAS ST	3.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGHILL FL	3.4. CITY-ST-ZIP	<u> </u>		
πιε	DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME	,		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u></u>		
TITLE	☐ DELETE	6.1 T/TLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		SACTV ST 7ID	1		

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 an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 352-683-3582

Date Daytime

CR2E034 (11/98)

□No