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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L30942 (1) D-A IRRIGATION, INC. Principal Place of Business POST OFFICE BOX 133 GOTHA FL 34734 Mailing Address POST OFFICE BOX 133 GOTHA FL 34734										
OTH TE VI			001111 12 011111	0100			3. Date Incorporated or Qualif		Date of Last	
2. Principal F	Place of Busines	SS	2a. Mailing Addre	ess			11/20/1989 4. FEI Number	04/	/03/1996	Applied For
Code Add Walls			Suite, Apt. #, etc.			59-2977883 Not Ap		Not Applicable		
Suite, Apt. #, etc.			Stiffe, Apr. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Stat	le		City & State		***************************************		6. Election Campaign Financin	-		O May Be
3 Zip		Country	28 Zp	— Т	Country		Trust Fund Contribution 8. This corporation has liability	for intendible		d to Fees
4]	25	5	29		30		Florida Statutes	☐ Yes	☐ No	d. 100.002;
AI D	9. Name au DERMAN, RAL	nd Address of Current	t Registered Agent	····	81	Name	10. Name and Address of Nev	w Registered	Agent	
	8 MORTON J				82	Street Add	dress (P.O. Box Number is Not Acce	antahle)		······································
	THA FL 34734					Street Add	JIEBS (F.O. DOX NUMBER IS NOT ACCE			
					83					
					84	City		Fl	85 Zi	p Code
office or i	registered ager	ns or Sections 607,050, nt, or both, in the State	of Florida, Such chan	da Statute ge was a	is, the above uthorized by	named corpora	poration submits this statement for ation's board of directors. I hereby a	the purpose i accept the ap	or changing pointment i	as registered
SIGNATURE		per lea name of registered ager	nt and tile if applicable.		Registered Age		poration submits this statement for alion's board of directors. I hereby a ured when reinstaling)	DATE		
			nt and trile if applicable. DIRECTORS					DATE		ORS IN 12
SIGNATURE 12.	Signature, typed or DP ALDERMAN	per led name of registered ago: OFFICERS AND I, RALPH D.	nt and trile if applicable. DIRECTORS	(NOTE	Registered Age		uired when reinstating)	DATE	ID DIRECTO	ORS IN 12
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SIGNATURE:

SIGNATURE AND TOPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4-7-97

407-295-1400 Davime Phone #

FILED

Apr 14 1997 8:00am

Secretary of State

MARKO