

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L30942** (1)

1. Corporation Name
D-A IRRIGATION, INC.

Principal Place of Business POST OFFICE BOX 133 GOTHA FL 34734	Mailing Address POST OFFICE BOX 133 GOTHA FL 34734
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/20/1989	
4. FEI Number 59-2977883		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent ALDERMAN, RALPH D. 9808 MORTON JONES RD. GOTHA FL 34734		10. Name and Address of New Registered Agent			

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	ALDERMAN, RALPH D.	1.2 NAME	
CITY-ST-ZIP	9808 MORTON JONES ROAD GOTHA FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	ALDERMAN, ALETA P.	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	9808 MORTON JONES RD GOTHA FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	ALDERMAN, JERALD B.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	9816 MORTON JONES ROAD GOTHA FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	ALDERMAN, RALPH S	3.3 STREET ADDRESS	
CITY-ST-ZIP	7211 SEAMANS BLUFF ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *[Signature]* **Pres. Ralph D. ALDERMAN** 4-10-98 407-295-1400
DATE: _____ DAYTIME PHONE: **6455586**

CR2E034 (10/97)