

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**- FILED**

**95 JUL 14 AM 11:33**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

**DOCUMENT # L47574 (3)**

1. Corporation Name  
**DAVIS IRRIGATION, INC.**

Principal Place of Business Mailing Address  
**WJAMES L DAVIS 270 BERGQUIST ROAD**  
**403 NE 1ST ST 403 NE 1ST ST**  
**FT MEADE FL 33841 FT MEADE FL 33841**  
**US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 **270 Bergquist Rd.** 26 **270 Bergquist Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22  
 23 **Fort Meade, Fla.** 28 **Fort Meade, Fla.**  
 City & State City & State  
 24 **33841** 25 **USA** 29 **33841** 30 **USA**  
 Zip Country Zip Country

3. Date Incorporated or Qualified **01/29/1990** 3a. Date of Last Report **07/22/1994**  
 4. FEI Number **59-2996101** Applied For  
 Not Applicable  
 5. Certificate of Status Deared  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 8. This corporation has liability for interjurisdictional tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAVIS, JAMES L**  
**403 NW 1ST ST**  
**FT MEADE FL 33841**  
 10. Name and Address of Now Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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: *James L. Davis* **James L. Davis Pres.** **7/10/95**  
(NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>DAVIS, JAMES L</b> <b>403 NW 1ST ST</b> <b>FT MEADE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b>	<b>DAVIS, DIANE</b> <b>403 NE 1ST ST</b> <b>FT MEADE FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(3)(k), 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.

SIGNATURE: *James L. Davis* **James L. Davis Pres.** **7/10/95** **813-**  
(NOTE: Registered Agent signature required when reconstituting) DATE **285-8991**

CR2E034 (3/95)