

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L47574** (3)

1. Corporation Name

DAVIS IRRIGATION, INC.



Principal Place of Business

**270 BERQUIST ROAD
403 NE 1ST ST
FT. MEADE FL 33841
US**

Mailing Address

**270 BERQUIST ROAD
403 NE 1ST ST
FT. MEADE FL 33841
US**

3. Date Incorporated or Qualified
01/29/1990

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2896191

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$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 intangible 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 New 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 607.1508, 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

JAMES L DAVIS

Pres

James L Davis

2-26-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
DAVIS, JAMES L
403 NW 1ST ST
FT MEADE FL**

TITLE ☐ DELETE

**V
DAVIS, DIANE
403 NE 1ST ST
FT MEADE FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ Change ☐ Addition

**12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

2 1 TITLE ☐ Change ☐ Addition

**22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

3 1 TITLE ☐ Change ☐ Addition

**32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

4 1 TITLE ☐ Change ☐ Addition

**42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

5 1 TITLE ☐ Change ☐ Addition

**52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

6 1 TITLE ☐ Change ☐ Addition

**62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

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 119.07(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:

Diane Davis

DIANE DAVIS

2/26/96

741-285-8741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)