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 # **L60364** **(1)**

1. Corporation Name

SUNDEW IRRIGATION SYSTEMS, INC.

Principal Place of Business

% DOUGLAS WAYNE VICKERS
409 PALMETTO STREET
OVIEDO FL 32765

Mailing Address

% DOUGLAS WAYNE VICKERS
409 PALMETTO STREET
OVIEDO FL 32765

3. Date Incorporated or Qualified: **03/22/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3003454** ☐ 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

2. Principal Place of Business

21 409 Palmetto St.
22 Suite, Apt. #, etc.
23 City & State: Oviedo, Fl.
24 Zip: 32765
25 Country: Semenol

2a. Mailing Address

26 409 Palmetto St
27 Suite, Apt. #, etc.
28 City & State: Oviedo, Fl
29 Zip: 32765
30 Country: Semenol

9. Name and Address of Current Registered Agent

VICKERS, DOUGLAS WAYNE
409 PALMETTO STREET
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: Douglas W. Vickers
82 Street Address (P.O. Box Number is Not Acceptable): 409 Palmetto St.
83
84 City: Oviedo **FL** 85 Zip Code: 32765

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: Douglas Wayne Vickers — Douglas Wayne Vickers — 4/6/96
(Signature, typed or printed name of registered agent and title, if applicable) (If CR, Registered Agent's signature required on annual filings) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VICKERS, DOUGLAS WAYNE	
STREET ADDRESS	409 PALMETTO ST.	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	☐ DELETE
NAME	VICKERS, RACHEL SCOTT	
STREET ADDRESS	409 PALMETTO ST.	
CITY-ST-ZIP	OVIEDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Douglas Wayne Vickers — Douglas Wayne Vickers — 4/6/96 — 407 366 5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)