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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L64766

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90012 014 \*\*\*150.00

	'S IRRIGATION, INC.							
Principal Plac	e of Business	Mailing Address						an alan aran 1001
9035 SHALLOW	VFORD LANE	9035 SHALLOWFORD LAN	E					
PORT RICHEY FL 34668 PORT RICHEY FL 34668						DO NOT WRITE IN THE	HS SPACE	
						3. Date incorporated or Qualified	110 OI AOL	
						04/09/1990		
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21	Tace of Business	26				59-3000685		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			·		\$8.7	5 Additional
22	,	27			_	5. Certifcate of Status Desired	Fee	Required.
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year		ا ب
24	25	29	30			Personal Property Tax.	☐Yes	XNo_
	9. Name and Address of Curren	nt Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	
800	NAIN TON E			81 Na	ame			Ì
	)WN, JON F. 5 SHALLOWFORD LANE		r	82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	S SHALLOWFORD LANE RT RICHEY FL 34668		Ļ					
PUF	TI RICHET PL 34000			83				
			ţ	84 Ci	ty		85 2	Zip Code
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Florida.	authorized orida Statu	by the tes.	corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE						DATE:		
	Signature, typed or printed name of registered ager			Agent sign	ature required	when reinstating) DATE		TORS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.	-	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
12.	Signature, typed or printed name of registered ager OFFICERS AN		13.	LE	ature required			
12. TITLE NAME	Signature, typed or printed name of registered aper OFFICERS AN PD BROWN, JON F.	ID DIRECTORS	13. 1.1 T/IT 1.2 NA/	LE ME			AND DIREC	
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14. 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 of 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, with all other like empowered.

**SIGNATURE:**