FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:07

DOCUMENT # **M92954** **(0)**

1. Corporation Name

ALL PRO IRRIGATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
3690 PEDDIE DR TALLAHASSEE FL 32303 US	4244 W TENNESSEE ST #313 TALLAHASSEE FL 32304-033 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1988	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2900270	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUDD, GEORGE C. III
RT 1 BOX 322 W
QUINCY FL 32351

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BUDD, III, GEORGE C.	1.2 NAME		
STREET ADDRESS	RT A BOX 322W	1.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BUDD, DREW D.	2.2 NAME	BEVERLY J. SANTINI	
STREET ADDRESS	RT 5 BOX 279E	2.3 STREET ADDRESS	1777 BROKEN BOW TRAIL	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BUDD, MARY LYNN	3.2 NAME		
STREET ADDRESS	RT 1 BOX 322 W	3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BUDD, JUDITH L.	4.2 NAME		
STREET ADDRESS	RT 5 BOX 279E	4.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP		
TITLE	ATD	5.1 TITLE		☐ Change ☐ Addition
NAME	BUDD, GEORGE C.	5.2 NAME		
STREET ADDRESS	RT 5 BOX 279 E	5.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Judith L Budd Treasurer 4/8/95 904 575-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUDITH L. BUDD

0028607 CP