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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 9 2954

All-Pro Irrigation Systems, Inc.

97 HAY 14 AH 10: 24

SECRETARY OF STATE TALLAHASSEE FLORIDA

Pericipal Place of Business Mailing Address							7			
4432 Bayshore Circle 1400 Village Tallahassee, FL 32308 #3-223					ar	e Blvd				
			Tallahassee	, FL	3	2312	3. Date Incorporated or Qualified	3a. Dat	e of Last R	eport
							8/5/88		1996	
	Pace of Business		. Mailing Address				4. FEI Number			optied For
	Bayshore Circle	26	1400 Villag	e Sq.	В	lvd.	59-2900270			ot Applicable
Suite Apt 22		27	Suite, Apt. #, etc. #3-223				5. Certificate of Status Desired			Additional equired
Crty & State			City & State			1	6. Election Campaign Financing	r-1		May Be
Tallahassee, FL			8 Tallahassee, FL Zip Cou				Trust Fund Contribution	<u></u>		to Fees
Ζιρ	Country		Zip				6. This corporation has liability for i	ntangible t Yes		199.032,
32308	9. Name and Address of Curren	29	32312	30 1	on		10. Name and Address of New Re			
	J. Harris Bild Address of Objigit	· ilogia	Stored Agori		81	Name	to: Halling Siles Leavings of 19014 110	101010	H-0114	··· /···
Coore	TO C Dudd TIT					G	eorge C. Budd III			
George C. Budd III					82 Street Address (P.O. Box Number is Not Acceptable)					
3690 Peddie Drive					4432 Bayshore Circle					
Talla	ahassee, FL 32303									
	1				B4	Tal	1ahassee	FL	3230	
11. Parsuant office or to agent it a	to the provisions of Sections 597,050; registered agent, or both, in the State irn fair up with, and accept the congr	2 and 6 of Flori flons o	507.1508, Florida Statu ide Sach change was 1, Seorge 507.0505, Fl	tes, the a authorize orida Sta	bove d by tutes	a-named corporations. 3. The corporations.	oration submits this statement for the p on's board of directors. I hereby accep	urpose of o it the appo	changing it intment as	s registered registered
SIGNATU 5. After hypothypother for the proceed agont and bite II gould write (NOTE. Registered Agent signature required when reinstalling) OATE										
12.	OFFICERS AND			13.	5 / Igo	· · ·	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12
111.6	President/Director	•** •••••	☐ DELETE	1.1 T	TLE			[Change	Addition
NAME	George C. Budd III			1.2 N	AME			-		
SHIFT A CHESS	4432 Bayshore Circl	_		1.3 S	FREET	ADDRESS	900002:	183	359	J6
City \$1-70	Tallahassee, FL 32			140	iTY-S	IT-ZIP	-05/19. ****1	7970	1130-	-017
TRF	Vice President/Dire			211	TLE	:		35.00 T	一事事事等	65400
NAME	Beverly Santini	:CUU.	L.	2.2 N	AME					}
STREET ALLORESS	1777 Broken Bow Tra	4.1		2.3 S	TAEET	ADDRESS				
OBY- ST-2IE				2.40	aTY-5	ST-ZIP				
TIME	Tallahassee, FL 32	JIZ	DELETE	3.1 T(TLE				Change	Addition
NAMI				32N	AME	. [
SUPPLIANTERS S				338	TREET	ADDRESS				
Cdr-S176				34 0	#TY - 5	ST-ZIP			<u> </u>	
THE	Secretary/Director		XX DELETE	4 1 TI	TLE	. [Į	Change	☐ Addition
IN-AM	Mary Lynn Budd			4 2 N	IAME					[
SUREEL ADDA-5/S	Route 1, Box 322W			4.3.51	TREET	ADDRESS				ŀ
CHY SL-76	Quincy, FL 32351			4.4 C	TY-5	T-ZIP				
THE	2		DELETE	5.1 Ti		}		L	Change	Addition
NAV:				5.2 N]				-
STREET ACORESIS						ADDRESS				İ
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1000	1		☐ DELETE	6.1 TI				ι] Change	☐ Addition
NAM	1			6 2 N						İ
STREET Above SS	1					ADDRESS				
CDY SLZIE	•	d	his filing da - cat c - '			T-ZIP	in Section 440 07(0)() Flesher Comme	1 1 1 1 1 1		15.0
1 4. 1 (0.0 0€10)	by certify that the information supplied	J PULVY L	riis niirig qoes not qua t	nytort⊓e	UXB	mpuon sialed	in Section 119.07(3)(i), Florida Statutes	s. I JUMPINER (ærury mat	THE BIT

I do not receive that the inclinations supplied with this hing does not quality for the exception stated in 3 calculated on this annual eport or suppliemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that Lam 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 applicants of Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNATURE OF DIRECTOR

5/13/97 (904) 575-1334

te Daylime Phone #