


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90017 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N19791</b>					
1. Corporation Name <b>DEERFIELD IRRIGATION COMPANY, INC.</b>					
Principal Place of Business % DAVID NEILL 2709 MCNEIL ROAD FT. PIERCE FL 34981			Mailing Address % DAVID NEILL 2709 MCNEIL ROAD FT. PIERCE FL 34981		



2. Principal Place of Business 21 C/O David Neill Suite, Apt. #, etc. 22 City & State 23 Ft. Pierce, FL Zip 24 34954 Country 25 USA		2a. Mailing Address 26 P.O. Box 2547 Suite, Apt. #, etc. 27 City & State 28 Ft. Pierce, FL Zip 29 34954 Country 30 USA		3. Date Incorporated or Qualified 03/24/1987 4. FEI Number 59-2805105 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NEILL, DAVID 2709 MCNEIL RD. FT. PIERCE FL 34981				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME NEILL, DAVID STREET ADDRESS 2709 MCNEIL ROAD CITY-ST-ZIP FT. PIERCE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME MIXSON, ROBERT STREET ADDRESS 2619 EL RANCHO CITY-ST-ZIP MARGATE FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 4923 N.W. 49th Avenue 2.4 CITY-ST-ZIP Coconut Creek, FL 33073		
TITLE D NAME DECARLO, ANGELO STREET ADDRESS 7965 LANTANA RD. CITY-ST-ZIP LANTANA FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS Garcia, David 3.4 CITY-ST-ZIP 2427 East River Drive Margate, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

*David Neill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99  
Date

(561) 464-2061  
Daytime Phone #

CR2E037 (1/98)