

# 2006 FOR PROFIT CORPORATION

DOCUMENT # P00000027587

1. Entity Name

SOUTHERN TROPICS IRRIGATION, INC.



FILED

07 FEB 16 PM 3:43

SECRETARY OF STATE



REINSTATEMENT 06-07

Principal Place of Business

8776 SE ALABAMA PLACE  
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 1904  
HOBE SOUND FL 33475

2. Principal Place of Business

13150 SE FLORA AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

Zip

33455

Country

USA

Zip

Country

4. FEI Number

65-0993579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, PHIL  
8776 SE ALABAMA PLACE  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Phillip W. Stephenson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME STEPHENSON, PHIL  
STREET ADDRESS 8691 S.E. EAGLE AVE.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE V ☐ Delete  
NAME HEISHMAN, ERIC A  
STREET ADDRESS 1841 S.W. LEAFY RD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200080402952  
CITY-ST-ZIP 10/03/06--01049--004 \*\*\$550.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200080402952  
CITY-ST-ZIP 03/19/07--01059--010 \*\*\$350.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Phillip W. Stephenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President September 4, 2006

772 546-3045  
Daytime Phone #