

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90116 050 \*\*\*150.00

DOCUMENT # P93000012747

1. Corporation Name

MCD IRRIGATION AND DRAINAGE, INC.

Principal Place of Business

1331 N DAYTONA AVE  
FLAGLER BCH. FL 32136

Mailing Address

1331 N DAYTONA AVE  
FLAGLER BCH. FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

59-3179606

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 931 Magnolia Terrace

2a. Mailing Address

26 931 Magnolia Terrace

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Flagler Beach FL

City & State

28 Flagler Beach FL

Zip Country

24 32136 25 USA

Zip Country

29 32136 30 USA

9. Name and Address of Current Registered Agent

MCDANIEL, CINDY  
1331 N DAYTONA AVE  
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name

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

83 931 Magnolia Terrace

84 City Flagler Beach

FL

85 Zip Code 32136

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

Signature typed or printed name of registered agent (and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE D. ☐ DELETE

NAME MCDANIEL, DUANE  
STREET ADDRESS 1331 N DAYTONA AVE  
CITY-ST-ZIP FLAGLER BCH. FL 32136

TITLE D. ☐ DELETE

NAME MCDANIEL, CINDY  
STREET ADDRESS 1331 N DAYTONA AVE  
CITY-ST-ZIP FLAGLER BCH. FL 32136

TITLE V. ☐ DELETE

NAME MCDANIEL, RYAN  
STREET ADDRESS 1331 N DAYTONA AVENUE  
CITY-ST-ZIP FLAGLER BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. ☒ Change ☐ Addition

1.2 NAME DUANE MCDANIEL  
1.3 STREET ADDRESS 931 MAGNOLIA TERRACE  
1.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

2.1 TITLE D. ☒ Change ☐ Addition

2.2 NAME CINDY MCDANIEL  
2.3 STREET ADDRESS 931 MAGNOLIA TERRACE  
2.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

3.1 TITLE V. ☒ Change ☐ Addition

3.2 NAME RYAN MCDANIEL  
3.3 STREET ADDRESS 931 MAGNOLIA TERRACE  
3.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/99

Daytime Phone #

(84) 439-4432

CR2E034 (11/98)