

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  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90002 018 \*\*\*150.00

DOCUMENT # P93000014708

1. Corporation Name

RIVAS IRRIGATION AND TREE PLANTING, INC.

Principal Place of Business

785 "A" ROAD  
LABELLE FL 33935

Mailing Address

785 "A" ROAD  
LABELLE FL 33975  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1993

4. FEI Number

65-0411232

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

21 435 A Road

Suite, Apt. #, etc.

22 City & State  
Labelle FL

23 Zip Country  
33935 USA

2a. Mailing Address

26 435 A Road

Suite, Apt. #, etc.

27 City & State  
Labelle FL

28 Zip Country  
33935 USA

9. Name and Address of Current Registered Agent

RIVAS, LORENZO  
785 "A" ROAD  
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

Lorenzo Rivas

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

435 A Road

83

84 City

LaBelle

FL

85 Zip Code

33935

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

12. OFFICERS AND DIRECTORS

TITLE D  
NAME RIVAS, LORENZO  
STREET ADDRESS 785 A ROAD  
CITY-ST-ZIP LABELLE FL 33935

TITLE D  
NAME RIVAS, JUANA  
STREET ADDRESS 785 A ROAD  
CITY-ST-ZIP LABELLE FL 33935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

RIVAS LORENZO

1.3 STREET ADDRESS

435 A Road

1.4 CITY-ST-ZIP

LaBelle FL 33935

2.1 TITLE

D

2.2 NAME

RIVAS JUANA

2.3 STREET ADDRESS

435 A Road

2.4 CITY-ST-ZIP

LaBelle FL 33935

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

941-675-1532

CR2E034 (11/98)