

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:08

DOCUMENT # **P93000040295 (6)**

1. Corporation Name

THOMAS BUSH IRRIGATION, INC.

Principal Place of Business

292 C R 619 SO
LAKE PLACID FL 33852
US

Mailing Address

PO BOX 207
LAKE PLACID FL 33852
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1993** 3a. Date of Last Report **02/24/1994**

4. FEI Number **65-0417116** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	33862
25		30	

9. Name and Address of Current Registered Agent

**MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature of (individual) Name of registered agent and the filer applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, THOMAS B	2. NAME	
STREET ADDRESS	292 COUNTRY ROAD 619 SOUTH	3. STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	4. CITY-ST-ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, REGINA D	22. NAME	
STREET ADDRESS	292 COUNTRY ROAD 619 SOUTH	23. STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, LARRY G	32. NAME	
STREET ADDRESS	292 COUNTRY ROAD 619 SOUTH	33. STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 007, Florida Statutes; next that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS B. BUSH, PRESIDENT
Thomas B. Bush

3-10-95

813-465-2501