

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078516 (0)**

1. Corporation Name

PRITCHARD'S PROFESSIONAL IRRIGATION, INC.

Principal Place of Business

5175 FARM CREEK RD.
ST. AUGUSTINE FL 32092
US

Mailing Address

P. O. BOX 10531
JACKSONVILLE FL 32247
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3212696

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRITCHARD, ROBERT A
5175 FARM CREEK RD.
ST. AUGUSTINE FL 32092

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 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 of Registered Agent or Registered Agent's Representative)

(Signature of Agent or Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

D
PRITCHARD, ROBERT A
5175 FARM CREEK RD.
ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such person, duly authorized officer or director of this 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.

SIGNATURE:

Robert A. Pritchard

Robert A. Pritchard

4/28/95

904 -
823 - 8607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR