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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000086152 (4)

1. Corporation	MENT # P9300 IRRIGATION AND MAINTE	00086152 (NANCE, INC.	4)) (\$111181 148 1818 1141 1 141 1 41 1 4	
Principal Place	of Business	Mailing Address	F March Editable		
2705 BRANTLEY ROAD FORT PIERCE FL 34981		2705 BRANTLEY ROAD FORT PIERCE FL 34981			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principa Fla	Loo of Rucinose	2a. Mailing Address		12/13/1993 4. FEI Number	04/20/1995
21		26. Withing ACERESS		65-0451560	Applied For Not Applicable
Suite, Apt. #, eto		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Orty & State		6. Election Campaign Financing	ree Hequired
23		28]		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		□ No
	9. Name and Address of Curre	nt negistered Agent	81 Name	10. Name and Address of New F	tegistered Agent
LUNA, I	LUIS		82 Street Add	ress (P.O. Box Number is Not Acceptab	10
	RANTLEY ROAD			ress (F.O. Box Number is not Acceptat	neg .
	PIERCE FL 34981		83		
			84 City		85 Zip Code
S'GNATURE 12.	Stylk from typed to pushed name of registered age of OFFICERS AN	Carecter (applicable (DD) DIRECTORS	NOTE: Registered Agent signature require	d when reinstating: ADDITIONS/CHANGES TO OFF	DATE
1)1.F	PTD	☐ DELETE	1 1 T-TLE		☐ Change ☐ Addition
NAME	LUNA, LUIS		1.2 NAME		
STREET ADDRESS CITY+S1+ZIP	2705 BRANTLEY ROAD FORT PIERCE FL 34981		13 STREET ADDRESS		
TI LF	VSD VSD	[] DELFIE	1.4 CITY - ST - ZIP 2 1 TrILE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	LUNA, ROSA		2.2 NAME		
STREET ADDRESS	2705 BRANTLEY ROAD		2 3 STREET ADDRESS		
CHY ST ZIP	FORT PIERCE FL 34981	DELETE	2 4 CITY - ST - 7IP 3 1 TITLE	. :	
N/IME			3 2 NAME		Change Addition
STREET ACORESS			3.3 STREET ADDRESS		
CI`*+SI+7F			3 4 CHY-ST-ZIP		
101x.F		DELETE	4. 1 T-TLE		Change Addition
NAME CHARLE AGODINES			4 2 NAME		
STEEL LABORESS CLTV+S1+7IP			4.3 STREET ADDRESS 4.4 City - St - Zif		
THE	• • • • • • • • • • • • • • • • • • •	DELETE	5 1 T:TLF		☐ Change ☐ Addition
NAME			5.2 NAME		
\$16ff (ADDRESS			5.3 STREET ADDRESS		
CITY ST ZIP THUE		☐ DELETE	5 4 CITY - \$1 - 7IP		Change
NAME		[-] <i>(</i> /() ()	6 1 TITLE 62 NAME		Change Addition
STREET ACURESS			6.3 STREET ADDRESS		
Cl1 ¥ · S1 · ZlP			6.4 C(TY-ST-Z)P		
certify that oath; that	the information indicated on this ann	idal report or supplemental ar oration or the receiver or trus	nnual report is true and accura- itee empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, FI	same legal effect as if made under

A LUA TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (407) 465-5930
Date Capting Prome 1