

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044224 (1)

1. Corporation Name

ZELLNER IRRIGATION PLANNING, INC.

Principal Place of Business

12473 ATTRILL ROAD
JACKSONVILLE FL 32258

Mailing Address

12473 ATTRILL ROAD
JACKSONVILLE FL 32258-5331

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

02/23/1996

2. Principal Place of Business

21 770 SWISS OAKS CT.

2a. Mailing Address

26 770 SWISS OAKS CT.

4. FEI Number

59-3248743

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL

Trust Fund Contribution

☐

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☒ No

24 32259

25

29 32259

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZEELNER, GREGORY C
12473 ATTRILL ROAD
JACKSONVILLE FL 32258

81 Name

ZELLNER, GREGORY C

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

770 SWISS OAKS CT.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32259

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

GREGORY C. ZELLNER

(NOTE: Registered Agent signature required when reinstating)

4/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ZELLNER, GREGORY C	
STREET ADDRESS	12473 ATTRILL ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZELLNER, GREGORY C	
1.3 STREET ADDRESS	770 SWISS OAKS CT.	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32259	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: GREGORY C. ZELLNER

4/6/97

904 287 3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0044571

CR2E034 (9/96)