SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044224 (1)

ZELLNER IRRIGATION PLANNING, INC.

Principal Place of Business 770 SWISS OAKS CT. JACKSONVILLE FL 32258

Mailing Address

770 SWISS OAKS CT.

FILED Jul 23 1998 8:00am Secretary of State



JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8509 SHANE CT. 8509 SHANE CT 59-3248743 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing St. AUGUSTINE Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Country 32092 30 St. JOHNS Personal Property Tax due June 30. 25 ST JOHNS 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZEELLNER, GREGORY C OREGOR 770 SWISS OAKS CT. JACKSONVILLE FL 32258 83 Zip Code 3209a 84 City Augustine 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, ty (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition _ DELETE ZELLNER, GREGORY C NAME 1.2 NAME 770 SWISS OAKS CT. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 21 TITLE TITLE DELETE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE PELETE ___ Change ___ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE __ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE ___ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 provide 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.

CITY-ST-ZIP

CR2E034 (5/98)