

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:45

DOCUMENT # P94000090765 (6)

1. Corporation Name

DOGWOOD IRRIGATION GROUP, INC.

Principal Place of Business

504 N. 9TH STREET
PANAMA CITY FL 32404

Mailing Address

POST OFFICE BOX 3302
PANAMA CITY FL 32401-3302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/14/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 304 Fan Palm PL

26 Suite, Apt. #, etc.

57-3208814

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

City & State

City & State

23 Panama City Beach, FL

28

Zip

Country

Zip

Country

24 32408

25 Bay

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, WILLIAM A II
504 N. 9TH STREET
PANAMA CITY FL 32404

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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President - Director
NAME William A. Wood II
STREET ADDRESS 304 Fan Palm PL
CITY-STATE-ZIP Panama City Beach, FL 32408

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Wood II
William A. Wood II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95 (904) 233-8520

Date

Daytime Phone #