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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094170 (5)

REISINGER BROTHERS IRRIGATION INC.

## **FILED** May 04 1998 8:00am Secretary of State



					46   16   11   11   11   11   11   12   13   14   15   15   15   15   15   15   15	
Principal Place	e of Business	Mailing Address		a indicate are state and it an	Datte feitt eient ineit Jenti enti füst	
114TH S BEDFORD ST 114TH S BEDFORD ST						
GARLISLE PA 17013		CARLISLE PA 17013 US		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
1 00		00		3. Date Incorporated or Qualified	111007700	
				12/29/1994		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	HO NEAM.W	26 P.O. BOX	253	<b>65-0557372</b>	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State			Fee Required	
City & State	Fuld PA	28 Plain Fuld	ρΑ	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country USA	7ip	Country <b>U</b>	<b>31.</b> 8. This corporation owes or has paid		
24 1708	3   25 Cumbulomet	29 170 81 30	7 A I I	Personal Property Tax due June 30		
	9. Name and Address of Current	-1 <b></b>		10. Name and Address of New Regis		
VOSS, JAMES 81 Name						
				Address (P.O. Box Number is Not Acceptable	)	
FT MYERS FL 33908						
			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typod or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OLFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D DEIONOED IONATIIAN	☐ DELETE	1.1 TITLE	D	Change Addition	
NAME	REISINGER, JONATHAN 114TH S BEDFORD ST		1.2 NAME	Reisinger, Jonathan 10 Bry 253, 79 w. m		
STREET ADDRESS	CARLISLE PA		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	h CANLISTE I'A	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D.	Change Addition	
NAME	REISINGER, PAMELA	v.cc.i.	22 NAME		Cuanto D yannan	
STREET ADDRESS	414TH S BEDFORD ST		2 3 STREET ADDRESS	Reisinger, lamela P.O. Brx 253, 79 w. mo	vin St	
CITY-ST-ZIP	CARLISLE PA	,	2.4 City-St-ZiP	Plainfield PA 171		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		L Change L Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-S1-ZIP		Change Addition	
TITLE		F"] NETELE	6.1 TITLE		☐ Change ☐ Addition	
NAME expect anomics		i	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for the	6.4 CITY-S1-ZIP	t in Section 119 07(3)(i) Florida Statutes I ful	ther certify that the information	

indicated on this amual 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 corperation of 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 chapter 6, graphs attachment with an address.