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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000036878 (3)

ADVANTAGE IRRIGATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



TITUSVILLE FL	LE BLVD. 32796	1280 WAR EAGLE BLVD. TITUSVILLE FL 32796-424	10					
i					3. Date Incorporated or Qualified 05/10/1995	3a. Date o		eport
2. Principal Pi	ace of Business	28. Mailing Address	DV #0		4. FEI Number	.1		plied For
	CAPRON ROAD	26 SAME AS BO	UX #2		59-3315100		No	ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional equired
City & State	SVILLE FL 32780	City & State			Election Campaign Financing Trust Fund Contribution		5.00 Added	May Be to Fees
Zip 24	Country 25	Z(p 29	Countr 30	У	This corporation has liability for in Florida Statutes	ntangible tax Yes 🔲 N	under s o	. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Age	nt	
GUM	IENY, EMIL A		81	Name				
1280	WAR EAGLE BLVD. SVILLE FL 32796				dress (P.O. Box Number is Not Acceptable	le)		
			83	3				
·			84	4 City	<u> </u>	FL B	Zip (Code
11. Pursuant t office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of tability with, and accept the obliga-	P and 607.1508, Florida Statu of Florida: Such change was itions of Section 607.0505, F	ites, the above authorized by Jorida Statute	ve-named cor by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	urpose of cha t the appoint	nging it nent as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NO	TE: Registered Ag	gent signature requ	ured when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND		TE: Registered Ac	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12
				gent signature requ		ERS AND DIF	ECTOR Change	IS IN 12
12.	OFFICERS AND	DIRECTORS	13.			ERS AND DIF		
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME			ERS AND DIF		
12. TITLE NAME	PD GUMIENY, EMIL A	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	1 ADDRESS		ERS AND DIF	Change	Addition
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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 if am an officer or director of the corporation or the receiver or hystee 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 many and attachment with an address.

SIGNATURE:

PARTHAIL KLOUWHO

4-14-97 407-2

407-269-0640