Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90003 028 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036878

1. Corporation Name -

ADVANTAGE IRRIGATION, INC.										
Principal Place	<del></del>					til <b>ib 1</b> (10) 1811)	19861 1911 1961			
Principal Place of Business Mailing Address 4575 CAPRON RD 4575 CAPRON RD										
TITUSVILLE FL 32780 TITUSVILLE FL 32780								00405		
US US						DO NOT WRITE IN THIS SPACE				
				_		3. Date Incorporated or Qualifed 05/10/1995				
2. Principal Place of Business 2a. Mailing Addr						4. FEI Number		_ <del>                                    </del>	plied For	
21 26						<u>59-3315100</u>			ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired		
22		City & State	City & State				<del></del>		-May Bo	
=City-&-Stat	<u> </u>	28	JOHN GIAIR			-6:-Election Campaign Financing Trust Fund Contribution			to Fees	
<b>23</b>   Zip	Country		Zip Country			8. This corporation owes the curre	ent vear Int			
24) 25 29			30			Personal Property Tax.				
241	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GUMIENY, EMIL A				Name	ı					
1280 WAR EAGLE BLVD.			82	Stree	Addre	ss (P.O. Box Number is Not Accepta	ble)		}	
TITUSVILLE FL 32796			83				<del></del>			
				City			FL	.   `	Code	
office or r agent. I a	to the provisions of Sections 607.050: registered agent, or both, in the State um famíliar with, and accept the obligat	2 and 607.1508, Florida Statute: of Florida. Such change was au' tions of, Section 607.0505, Flori	the above thorized by da Statute	re-named the corps.	ocration	ration submits this statement for the l's board of directors. I hereby accep	t the appoi	ntment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Age	ent signature	required	when reinstating)	DATE			i
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE			1.1 TITLE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				Change	☐ Addition	:
NAME	GUMIENY, EMIL A	* · · · · · · · · · · · · · · · · · · ·								ĺ
STREET ADDRESS			1.3 STRE							į
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-	1.4 CITY-ST-ZIP		·			F*3 4 1 111	į
TITLE	STD	D DELETE 2.1 TI		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS				☐ Change	Addition	•
NAME	1280 WAR EAGLE BLVD. 233		2.2 NAME						Ì	
STREET ADDRESS			2.3 STRE						1	
CITY-ST-ZIP	TITUSVILLE FL 32796		2.4 CITY-							
TITLE		- DELETE .	3.1 TITLE		4-			Change	≠ ☐ Addition	
NAME	4 24 94		3.2 NAME							
STREET ADDRESS			3.3 STREI	T ADDRESS	3					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP_	<del></del>			☐ Change	☐ Addition	
TITLE	}	☐ DELETE	4.1 TITLE		Ì			Criange		
NAME	)		4. 2 NAME							
STREET ADDRESS			4.3 STRE	ET ADDRES	3					
CITY-ST-ZIP		☐ pel FTF	4.4 CITY-	ST-ZIP	+			Change	Addition	
TITLE		·		5.1 TITLE				[_] Change	Addison	
NAME	J		5.2 NAME		,					
STREET ADDRESS	1			ET ADDRESS	<u>'</u>				}	
CITY-ST-ZIP	<del> </del>	DELETE	5.4 CITY- 6.1 TITLE	31-4IP	+	·		Change	Addition	
τπιε	I		2.7 (I) CL							
41414		_	6.2 NAM€		ľ					
NAME	,	_	6.2 NAME	ET ADDRESS	3					

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

407-269-0640