

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

4-11-96-B 3480 -C

DOCUMENT # P95000076621 (8)

1. Corporation Name

IRRIGATION PRODUCTS, INC.



Principal Place of Business

200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

Mailing Address

200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

4. FEI Number

59-3338869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.  
200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

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 the filer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGET-WILKES, GILES	
STREET ADDRESS	P.O. BOX 520743	
CITY-STATE-ZIP	LONGWOOD FL 32750-0743	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLINE, JAMES	
STREET ADDRESS	P.O. BOX 520743	
CITY-STATE-ZIP	LONGWOOD FL 32750-0743	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDINA, ANA	
STREET ADDRESS	P.O. BOX 520743	
CITY-STATE-ZIP	LONGWOOD FL 32750-0743	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAGET-WILKES, GILES	
1.3 STREET ADDRESS	P.O. BOX 520743	
1.4 CITY-STATE-ZIP	LONGWOOD, FL 32750-0743	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLINE, JAMES	
2.3 STREET ADDRESS	P.O. BOX 520743	
2.4 CITY-STATE-ZIP	LONGWOOD, FL 32750-0743	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MEDINA, ANA	
3.3 STREET ADDRESS	P.O. BOX 520743	
3.4 CITY-STATE-ZIP	LONGWOOD, FL 32750-0743	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 1996 (407) 834-1811

CR2E034 (12/95)