2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000092468

FILED Mar 22, 2000 8:00 am

1. Entity Name HAHN IRRIGATION, INC.				Secretary of State		
	· · · · · · · · · · · · · · · · · · ·			03-22-2000 90085 04	12 ***150.00	
Principal Place	e of Business	Mailing Address				
621 LILAC RD CASSELBERRY FL 32707		621 LILAC RD CASSELBERRY FL 32707-5044		ρυσταινό		
				1 1881/# # 1 118 1818/ BEHAL BOHL BOHL BOHL BOHL BOHL	O INDIO DIANA DINANJANJANJANJANJANJANJANJANJANJANJANJANJ	
2. Principal Place of Business 3.		3. Mailing Address			K filoli efere eilei iölf igel	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SI	PACE	
City & State		City & State		4. FEI Number 59-3350581	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A		
		(Name			
HAHN, JAMES A 621 LILAC RD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
CASS	SELBERRY FL 32707					
		l k	City	FL	Zip Code	
SICAIATI IDE	·			tered agent, or both, in the State of Florida.		
HVYY. 45	Signature, typed or printed name of registered agent		NOTE: Registered Agent signature requ	ired when reinstating)		
Tax filling requirement and elects to do so. After MAY 1		W!!! FEE IS \$150.00 2000 Fee will be \$550.00 yable to Department of S		\$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HAHN, JAMES A 621 LILAC ROAD CASSLEBERRY FL 32707	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CACOLLEGENT 1 L 32707	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition	

of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR