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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600005428

1. Corporation Name

GALLINA IRRIGATION, INC.

Dain sin at Diag	a of Business	Maik	ing Address]	O FORIO OFFICE OCCUPA	IENI PANI BAN		IÀ IIBAI IBII IBBI
Principal Place			-								
907 BLANDING P O BOX 202	BLVD		BOX 605 Fors inlet FL 32031	n				•		*	
ORANGE PARK FL 32065 US							DO NOT WRITE IN THIS SPACE				
US							3. Date Incorporated or Qualifed				
[01/16/1996	i			Ì
2. Principal P	Place of Business	2a. N	Mailing Address				4. FEI Number				Applied For
21		26	-				59-336162	5			ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional
22	•	27					5. Certifcate of S	tatus Desired		Fee F	Required
City & Stat	te		City & State				6. Election Camp	aign Financing		\$5.0	May Be
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country		'ip	Cou	ntry		8. This corporation	on owes the cu	rrent year li	ntangible	
24	25	29		30			Personal Prop	erty Tax.	-	Yes	□No
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Ad	Idress of New	Registere	d Agent	
1			,		81 1	Name					
	rson, todd				82 5	Stroot Addros	oc /D O. Pov Numbr	ar ie Not Accer	table)		
7785 BAYMEADOWS WAY STE 107					02	Sileet Addies	t Address (P.O. Box Number is Not Acceptable)				
JAC	KSONVILLE FL 32256				83		1.		,		
										" ; ; ; ; · /	1
{					84 (City		•	Fl	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607	1508 Florida Statu	tes, the al	ove-n	amed corpor	ation submits this s	tatement for th	e purpose o	of changing i	ts registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi	of Florida.	Such change was	authorized	by the	e corporation	's board of directors	s. I hereby acc	ept the app	ointment as	registered
∴ Gagent. I a	am familiar with, and accept the oblig			orida Stati <i>AiniA</i>	ites.		1/Kalle		1/,	z/cc.	,
SIGNATURE	Juny Sol	line	·		Accept of	my z	uran rejectation)		DATE	10/	i
	Signature, typed or printed have directistered age	ent and title if a	policable. (NOT	E: Registered	Agent sig	gnature equired v	when reinstating)	ANGES TO C	DATE DEFICERS A	ND DIRECT	ORS IN 12
12.	Eignature, typed of plints of name of registered age OFFICERS A	ent and title if a	policable. (NOT	E: Redistered		gnature equired v	ADDITIONS/CI	IANGES TO C		ND DIRECT	
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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 withyan address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90030 041 ***150.00