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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015118 (8)

JONES IRRIGATION SERVICES, INC.

**FILED** 

May 01 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address			1 INDITES I IED ONLIN DESIGNATION DESIGNATION		1685 HAM 118	·#1 1811 1991	
114 RAINBOW DR FT WALTON BEACH FL 32548		114 RAINBOW DR FT WALTON BEACH FL 32548-4329								
						3. Date Incorporated or Qualified 02/14/1996	3a. Da	te of Last	Report	7
	lace of Business	2a. Mailing Address			4. FEI Number V Applied For					
21 SAn	NS	[26] SAME			3364479			Not Applicable	,	
Sulte, Apt. #, etc. 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	/* Fee Required			
City & State		City & State	28 SAME			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
<b>Zip</b> Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24 SAM 25 ON (F)  9. Name and Address of Current F		29 GMME	=   =			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
101	ES, LUTHER	i negisterau Agent		81	Namo	10. Name and Address of New Re	gistered A	(gent		$\dashv$
		Name								
	rainbow dr Valton Beach Fl 32548		82 Stree			ss (P.O. Box Number is Not Acceptab	le)			
F1 *	TALTON BEACH TE 32340		1	83						-
				0.4	0:1			TagT %		_
				84	City		FL	85   Zip	o Code	
11. Pursuant	to the provisions of Sections 607.0507	2 and 607,1508, Florida Statuti	es, the about	ove-	named corpo	oration submits this statement for the pon's board of directors. Thereby accep	urpose of	changing	ils registered	
agent. I a	m familiar with, and accept the obliga	itions of, Scotion 607,0505, Flo	n <u>ida Statu</u>	itos.	- A				s registered	1
SIGNATURE	Juster your	- Luther ONOT	) O	ne	25, O	WNER 4-	24-°	7.7.		
12.	Signature, typed or printed name of A lieture diage.  OFFMERS AND		13.	Agen:	signatura require:	ADDITIONS/CHANGES TO OFFIC	DATE		DRS IN 12	10
TITLE	D	DELETE	1 1 1171					Change		S
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CITY-ST-ZIP			6.4 CITY							
	by certify that the information supplied	with this filing does not qualit				in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	at 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.