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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015118 (8)

JONES IRRIGATION SERVICES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 114 RAINBOW DR 114 RAINBOW DR FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3364479 21 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JONES, LUTHER 114 RAINBOW DR 82 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32548 83 84 City 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 harve of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change __ Addition JONES, LUTHER NAME 1.2 NAME 114 RAINBOW DR STREET ADDRESS 13 STREET ADDRESS FT WALTON BEACH FL 32548 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS 300002511763 CITY-ST-ZIP 54 CITY-ST-ZIP 05/05/98--01121--030 Change TITLE DELETE 6.1 TITLE ***150.00 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE: 24 4A . Com & Lether JONES 4-27.98 (89) 243-7140