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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

DOCUMENT # P96000027155 (6) GOLF AND IRRIGATION CONSULTANTS, INC.					
*Principal Place of Business Mailing Address				a izanizar iya farta ahtir zanir satir zatir datir datir	1811 18981 11991 BIIC BIXI 7891
10700 LUSCOMBE COURT 10700 LUSCOMBE COURT					
NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 346			4654	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
	<u>-</u>			03/22/1996	
 -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-3384394	Not Applicable
22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
	TCHELOR, RICHARD G		81 Name		
10700 LUSCOMBE COURT			82 Street Add	ress (P.O. Box Number is Not Acceptable)	····
NE	W PORT RICHEY FL 34654		63		
			84 City	F	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered Agent signature requi	red whon reinelating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D BATCHELOD OF SIGNADO O	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BATCHELOR, RICHARD G 10700 LUSCOMBE COURT		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.3 STREET ADDRESS		
TITLE	NEW FORT MODICI PE 34034	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		+
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		1
TITLE		DELET E	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_ -		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		OLLLIE	5.2 NAME		C Charge C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	certify that the information supplied with	this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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 for 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, you an attachment with an address.

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11-21-98

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