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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085201 (7)

STONE'S IRRIGATION MAINTENANCE, INC.

Principal Place of Business Mailing Address						1 140011000 110 10119 6181 60111 66111 66111 60110 19101 57119 11011 60101 1161 1001 	
321 SOUTH 2ND STREET 321 SOUTH 2ND STREET FORT PIERCE FL 34950 FORT PIERCE FL 34950-1520				i 2 0		:	
							3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1996
,	Place of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number Applied For
21]		26	<u> </u>				(25 - 070 5732 Not Applicable
Suite Apt.		27					5. Certificate of Status Desired Fee Required
City & State		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Zip Counti		1	!	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes D No
24	25 9. Name and Address of Curre	29 ant Registered Age	ent	30			Florida Statutes L Yes L No 10. Name and Address of New Registered Agent
BEC	CHT, EOWARD W			81	Π	Name	
321	SOUTH 2ND STREET RT PIERCE FL 34950		62		-	Street Addres	ss (P.O. Box Number is Not Acceptable)
	11 1 16106 16 01000			83	-		
· .					l	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	Florida Statut	ies, the above	e-r	named corpor	ration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
agent La	am familiar with, and accept the oblig	gations of, Section	607.0505, Fi	orida Statute	Š.	ле оогроганы	TIS DORTO OF GREGIOIS. I Hereby accept the appointment as registered
SIGNATURE	*						
12.	Signature, typed or practed native of registered at OFFICERS At	gont and title if applicable. ND DIRECTORS	(NOI	TE: Registered Age	ent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
lilt F	D		DELETE	1.1 TITLE			Change Addition
NAME	STONE, ROBERT B SR		_	1.2 NAME			
STREET ADDRESS				1.3 STREET	T A.C	DORESS	
CITY - ST - 7IP	VERO BEACH FL 32960			1.4 CITY-5	St .	ZIP	
THTLE	D DISCONNO INA O	L.	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	RUSSAKIS, JIM G			2.2 NAME			
STREET ADDRESS	LATED DEADLE EL DOGGO			4	2.3 STREET ADDRESS		
CITY ST-ZIP			DELETE	2. 4 CITY - 3.1 TITLE	\$1-	- ZIP	Change Addition
I NAME	RUSSAKIS, GREGORY J	<u> </u>] νιιι τι	3.1 TITLE 3.2 NAME			Lat onenge had mountain
STREET ADDRESS	DOE SOTU OLADE			3.3 STREET		MORESS	
City-ST-7IP	VERO BEACH FL 32960			3.4 CITY-			
THE	D	L	DELETE	4.1 TITLE	٠.	· KII	Change Addition
NAME	RUSSAKIS, NICHOLAS J			4. 2 NAME			
STREET ADDRESS	925 18TH PLACE			4.3 STREET	T AC	DDAESS	
CITY-ST ZIP	VERO BEACH FL 32960			4.4 CITY - S	ST-	ZIP	
Till(E	D		DELETE	5.1 TITLE			Change Addition
NAME	STONE, ROBERT B JR			5.2 NAME			
STREET ADDRESS				5.3 STREET		' 1	
CITY-S1-ZIP	VERO BEACH FL 32960	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - S	<u>\$1-</u> 7	ZIP	Change
TITLE		L	DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET		1	
CiTY-ST-ZiP	eby certify that the information suppli	ied with this filing d	oes not quali	6.4 CITY-S ify for the exe	_		in Section 119.07(3)(i), Florida Statutes. I further certify that the
information in an information	on indicated on this annual report or officer or director of the corporation	supplemental anni or the receiver or tr	ual report is t ustee empov	true and acci	ura	ate and that m te this report i	ny signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

HONATURE AND TYPED OR PRINTED RAME OF BIONING DEFICER OR DIRECTOR

3/28/97

561-595-3023

FILED

Apr 17 1997 8:00am

Secretary of State