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

DOCUMENT # P97000036063 (0)

Principal Place of Business	Mailing Address
3741 POWERLINE ROAD LITHIA FL 33547	3741 POWERLINE ROAD LITHIA FL 33547

FILED Feb 24 1998 8:00am Secretary of State

AQUAT	ECH IRRIGATION, & SUPPI	LY, INC.			
· '		3741 POWERLINE ROAD			
3741 POWERLINE ROAD 3741 POWERLINE ROAD LITHIA FL 33547 LITHIA FL 33547			DO NOT WRITE IN THE	C CDAOE	
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
2 Principal P	lace of Business	2a, Mailing Address		04/22/1997 4. FEI Number	Applied For
21		26 P.O. Box 3	282	59-3422664	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 BRANDUN	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	— ` — `
24	25 25 Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
Pal I		It nogletored Agent	81 Name	IO. Hame and Addiese of New Hegistere	a Agont
	INGS, INC.				
	2 N.W. 16TH STREET		62 Street Addr	ress (P.O. Box Number is Not Acceptable)	
Li.	LAUDERDALE FL 33311-4132		63		
			04 01		las I 7:- Codo
			84 City	F	85 Zip Code
SIGNATURE	Signature typod or printed name of registered age	est and trite if applicable (NOTE	Registered Agent signature requir		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	D SHAND WANTED		1.1 TITLE		L Cliange L Addition
NAME Street address	EVANS, WAYNE C 11626 WELLMAN DR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4 CHY-ST-ZIP		
TITLE	D	DELFTE	21 TITLE		Change Addition
NAME	WATSON, DOUG		2.2 NAME		_ •
STREET ADDRESS	3210 PROPERTY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 THTLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City-ST-ZIP 5.1 Title		Change Addition
TITLE		ניין מניניונ	5.7 ITILE 5.2 NAME		C cliquide C vooriion
NAME STREET ADDRESS			5.2 NAME 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			64 CITY-S1-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 12 or Block 13 if changed, if on an attaching it with an address.

(813)643-1821