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Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064843 (0)

1. Corporation Name

AQUA SPRAY SPRINKLERS & IRRIGATION, INC.

Principal Place of Business

2445 LAKEVIEW AVENUE
CLERMONT FL 34711

Mailing Address

P.O. BOX 120772
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

59-3460551

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HARGROVE, CHARLES D
SAVAGE-GASTON, HOGAN & HARGROVE, P.A.
801 N MAGNOLIA AVE STE 402
ORLANDO FL 32803-3851

10. Name and Address of New Registered Agent

81 Name JANE C. McALLISTER

82 Street Address (P.O. Box Number is Not Acceptable)

2445 LAKEVIEW AVENUE

83

84 City CLERMONT

FL

85 Zip Code 34711

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

Jane C. McAllister - Vice President

2/28/98

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MILLO, MICHAEL C
STREET ADDRESS 811 ORANGE BROOKS DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE VSD
NAME MCALLISTER, JANE C
STREET ADDRESS 2445 LAKEVIEW AVENUE
CITY-ST-ZIP CLERMONT FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME MILLO, MICHAEL C.
1.3 STREET ADDRESS 2445 LAKEVIEW AVE.
1.4 CITY-ST-ZIP CLERMONT, FL. 34711

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane C. McAllister JANE C. McALLISTER 3/2/98 352-241-2355

CR2E034 (10/97)