

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

FILED
Apr 27 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 # P97000095784 (9)

1. Corporation Name
TURNKEY IRRIGATION, INC.

Principal Place of Business
22 BAY VIEW DRIVE
ST AUGUSTINE FL 32095

Mailing Address
22 BAY VIEW DRIVE
ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number
59-3478425

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 2820 U.S. 1 SOUTH

22 ST. AUGUSTINE

City & State

23 FL

Zip

24 32086

Country

25 St. Johns

2a. Mailing Address

26 22 BAYVIEW DR.

27 ST. AUGUSTINE

City & State

28 FL

Zip

29 32085

Country

30 St. Johns

9. Name and Address of Current Registered Agent

RITCHIE, BETH E
22 BAY VIEW DRIVE
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name BETH RITCHIE
82 Street Address (P.O. Box Number is Not Acceptable)
22 BAY VIEW DR.
83 ST. AUGUSTINE
84 City
85 Zip Code FL 32095

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

DAVID RITCHIE Pres.

1-16-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RITCHIE, BETH E
STREET ADDRESS 22 BAY VIEW DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE D
NAME RITCHIE, DAVID S
STREET ADDRESS 22 BAY VIEW DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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:

DAVID RITCHIE Pres.

1-16-98

904-824-0465

CR2E034 (10/97)