FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03178 (8)

1. Corporation Name
GWS IRRIGATION, INC.

Principal Place of Business	Mailing Address
1295 S.W. BILTMORE ST. PORT ST. LUCIE FL 34983	1295 S.W. BILTMORE ST. PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1990
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21 1943 S.W. Biltmore St.
22 Suite, Apt. #, etc.
23 City & State: Pt. St. Lucie, Fl
24 Zip: 34983
25 Country: U.S.

2a. Mailing Address
26 1943 S.W. Biltmore St.
27 Suite, Apt. #, etc.
28 City & State: Pt. St. Lucie, Fl
29 Zip: 34983
30 Country: U.S.

4. FEI Number: 65-0222384 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOUCHER, JOSEPH	1.2 NAME	
STREET ADDRESS	1297 SW BILTMORE ST.	1.3 STREET ADDRESS	1943 S.W. Biltmore St.
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Pt. St. Lucie, Fl 34983
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	LENNON, GEORGE	2.2 NAME	
STREET ADDRESS	1297 SW BILTMORE ST.	2.3 STREET ADDRESS	1943 S.W. Biltmore St.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Pt. St. Lucie, Fl 34983
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joseph Boucher Joseph Boucher 1-16-95 407-871-1382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303704 CP