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

APPROVED AND FILED

95 MAY -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06466 (4)

1. Corporation Name
BRAKEFIELD IRRIGATION, INC.

Principal Place of Business	Mailing Address
641 NW 28TH COURT WILTON MANOR FL 33311	641 NW 28TH COURT WILTON MANOR FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21: 251 NE 32 Ct
22 Suite, Apt. #, etc: 1
23 City & State: Ft Lauderdale, FL
24 Zip: 33334 25 Country:

2a. Mailing Address
26: 251 NE 32 Ct
27 Suite, Apt. #, etc:
28 City & State: Ft Lauderdale, FL
29 Zip: 33334 30 Country:

4. FEI Number: 65-0245496 ☐ 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	10. Name and Address of New Registered Agent
BRAKEFIELD, LOIE MADISON 641 NW 28TH COURT WILTON MANOR FL 33311	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 251 NE 32 Ct 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33334

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☐ Change ☐ Addition
NAME	BRAKEFIELD, LOIE M.	12 NAME	
STREET ADDRESS	641 NW 28TH CT	13 STREET ADDRESS	
CITY ST ZIP	WILTON MANOR FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BRAKEFIELD, KASANDRA	22 NAME	200001512132
STREET ADDRESS	641 NW 28TH CT	23 STREET ADDRESS	-06/13/95--01054--009
CITY ST ZIP	WILTON MANOR FL	24 CITY ST ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	T13, 6/9/95	63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

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: [signature] LOIE BRAKEFIELD VPD 2-7-95 305-537-7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210650 CP