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 #

(9)

SUN IRRIGATION SERVICES INC

FILED

Mar 30 1998 8:00am

Secretary of State

SON INHIGATION SERVICES, INC.									
Principal Place	of Rusiness	Mailing Address	<u></u>						
Principal Place of Business		-				•			
402 13TH ST. SW Ruskin Fl. 33570		P. O. BOX 5337 SUN CITY FL 33571 US			DO NOT WRITE II	N THIS SPACE			
US				3. Date Incorporated or Qualified	THO OF HOL				
						03/04/1991			
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	Ar	plied For	
21						59-3102751	No	t Applicable	
Suite, Apt. (Suite, Apt. #, etc.	Apt. #, etc.					Additional		
27						B. Commeate of States Desired	Fee Re	quired	
City & State	City & State	& State			6. Election Campaign Financing	\$5.00			
23			Country			Trust Fund Contribution	Added t		
24	25 29 30			5. 1110 0 11 11 11 11 11 11 11 11 11 11 11		angible No			
24	g. Name and Address of Curren		301			10. Name and Address of New Regi			
MEREDITH, GREG ALAN					Name				
4022 13TH STR SW RUSKIN FL 33570				82	Stroot Addres	ss (P.O. Box Number is Not Acceptable	-1		
					Direct Pidare				
				83					
				84	City		85 Zip	Code	
					•		FLI		
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 fapped with, and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE Claration prod or shirted rating in transferred again and title if applicable (April Re				d Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		Addition	
TITLE	_		1.1 T		į		☐ Change	L. J ADDIIION	
NAME	MEREDITH, GREGORY ALAN			1.2 NAME 1.3 STREET ADDRESS				İ	
STREET ADDRESS						•		!	
CITY-ST-ZIP TITLE	D D	DELETE	2.1 TJ	TY-ST-: TLF	ZIP		Change	Addition	
NAME	MEREDITH, STACEY LYNN			ME				_	
STREET ADDRESS	400 4000 4000 4144			REET AD	DDRESS				
CITY-ST-ZIP	mandatus del			ITY-ST-				1	
TITLE		DELETE 3.1		TLE			☐ Change	Addition	
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CITY-ST-ZIP			_	ITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4. 2 N						
STREET ADDRESS				REET AD					
CfTY+ST-ZIP		☐ DELETE	-	TY-ST-	ZIP		Change	Addition	
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NAME	•		5.2 NA		NDDECC				
STREET ADDRESS				REET AL					
CITY-ST-ZIP TITLE	···	DELETE	6.1 Tr	TY-ST- TLF	द्भाः		☐ Change	Addition	
NAME			6.2 N						
STREET ADDRESS				REET AC	DDRESS			ļ	
CITY-ST-ZIP				TY-ST-				ļ	
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for	the exe	emptic	on stated in S	Section 119.07(3)(i), Florida Statutes. I fe	urther 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 chapter 6, or on an attachment with an address.