

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90074 009 \*\*\*150.00

**DOCUMENT # S87234**

1. Corporation Name

**SKIDMORE IRRIGATION INC.**

Principal Place of Business  
12950 SOUTHEAST 120TH ST.  
OCKLAWAHA FL 32179

Mailing Address  
12950 SOUTHEAST 120TH ST.  
OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1991**

4. FEI Number

**59-3088894**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SKIDMORE, WILLARD R.**  
**12950 S.E. 120TH STREET**  
**OCKLAWAHA FL 32179**

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

*Willard R. Skidmore Pres*

(NOTE: Registered Agent signature required when reinstating)

DATE

*Apr. 28, 99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SKIDMORE, WILLARD R.**  
CITY-ST-ZIP **12950 SE 120TH ST.**  
**OCKLAWAHA FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **ROBINSON, LEWIS K.**  
CITY-ST-ZIP **11100 SW 128TH PL. RD.**  
**OCKLAWAHA FL**

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **ROBINSON, TAMMY J.**  
CITY-ST-ZIP **11100 SW 128TH PL. RD.**  
**OCKLAWAHA FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SKIDMORE, JOANNE**  
CITY-ST-ZIP **12950 S.W. 120TH ST.**  
**OCKLAWAHA FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SKIDMORE, RENIX E.**  
CITY-ST-ZIP **12950 S.W. 120TH ST.**  
**OCKLAWAHA FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HEATON, VICKY L**  
CITY-ST-ZIP **12959 SE 120 ST**  
**OCKLAWAHA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*Willard R. Skidmore Pres*

*Apr. 28, 99*

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

0031692