

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mumford
Secretary of State
Tallahassee, Florida 32399-0001
Tel. 904/488-2000 FAX 904/488-2001

APPROVED
FILED

5/11/95 11:10:21

DOCUMENT # **V42626**

(4)

1. Corporation Name

IRRIGATION DEVELOPMENT CORPORATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
462 EAST GARDENS ROAD
LABELLE FL 33935
US

3. Mailing Address
462 EAST GARDENS ROAD
LABELLE FL 33935
US

4. Contact With the Secretary of State

5. Date of Incorporation 06/10/1992 3a. Date of Last Report 05/01/1994

4. Filing Number 65-0337538 Applied Fee Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Director Certificate Desired ☐ \$5.00 May Be Added to Fees

8. Foreign Corporation Registered in Florida ☐ Yes ☒ No

2. Foreign Corporation Registered in Florida

2a. Mailing Address

21. State of Incorporation

26. State of Incorporation

22. State of Principal Office

27. State of Principal Office

23. State of Mailing Address

28. State of Mailing Address

24. State of Registered Agent

25. State of Registered Agent

29. State of Registered Agent

30. State of Registered Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLLS, JAMES W
462 E GNDS RD
LABELLE FL 33935

81. Name

82. Street Address, City, State, Zip or Not Applicable

83. State

84. City

FL 85. Zip Code

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of their knowledge. The above named corporation is a corporation organized under the laws of the State of Florida and is duly qualified to do business in the State of Florida. The undersigned is a resident of the State of Florida and is duly qualified to do business in the State of Florida.

SIGNATURE

12. Name and Address of Registered Agent

13. Additional Changes to Certificate and Filing Fee

NAME
DPS
NICHOLLS, JAMES W
462 E GNDS RD
LABELLE FL

1. Name
2. Street Address
3. City
4. State
5. Zip Code
6. Name
7. Street Address
8. City
9. State
10. Zip Code
11. Name
12. Street Address
13. City
14. State
15. Zip Code
16. Name
17. Street Address
18. City
19. State
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42. Street Address
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94. State
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SIGNATURE: *James W. Nicholls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICIAL

✓ 5/11/95 ✓ 6756833