

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V42626** (4)

1. Corporation Name

IRRIGATION DEVELOPMENT CORPORATION, INC.



Principal Place of Business

**462 EAST GARDENS ROAD-
LABELLE FL 33935
US**

Mailing Address

**462 EAST GARDENS ROAD
LABELLE FL 33935
US**

3. Date Incorporated or Qualified
06/10/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **462 E. Cowboy Way**

State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **462 E. Cowboy Way**

State, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
65-0337538

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. 190.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NICHOLLS, JAMES W
462 E GARDENS RD-
LABELLE FL 33935**

462 E. Cowboy Way

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James W. Nicholls

May 01, 1996

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **NICHOLLS, JAMES W**
STREET ADDRESS **462 E GARDENS RD- 462 E Cowboy Way**
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP ☐ Change ☐ Addition

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)(g), 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 addition sheet with an address.

SIGNATURE:

James W. Nicholls

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

941-675-6333

CR2E034 (12/95)