

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Thurston  
Secretary of State  
1995

APPROVED  
AND  
FILED

DOCUMENT # **V55434** (7)  
WEST COAST IRRIGATION & DESIGN, INC.

MAY 11 1995 9:57  
TALLAHASSEE, FLORIDA

Principal Office Address: 4058 LAMSON AVENUE, SPRING HILL, FL 34608  
Mailing Address: 4058 LAMSON AVENUE, SPRING HILL, FL 34608

(CHECK ONE) IN THIS SPACE

3. Date incorporated or qualified <b>07/31/1992</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FET Number <b>59-3135306</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees*</b>
8. This corporation has liability for delinquent fees under § 190.002, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office of Business <b>21</b>	2a. Mailing Address <b>25</b>
State: <b>FL</b>	State: <b>FL</b>
City: <b>Spring Hill</b>	City: <b>Spring Hill</b>
County: <b>Walton</b>	County: <b>Walton</b>
Zip: <b>34608</b>	Zip: <b>34608</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MEZEREWski, JOHN E. JR.</b> <b>4058 LAMSON AVENUE</b> <b>SPRING HILL FL 34608</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 220.01 and 220.02, 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 provisions of Sections 220.01 and 220.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of John E. Mezerewski, Jr.)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND EMPLOYEES
12.1 NAME: <b>DPST MEZEREWski, JOHN E. JR.</b> 12.2 STREET ADDRESS: <b>4058 LAMSON AVENUE</b> 12.3 CITY: <b>SPRING HILL</b> 12.4 STATE: <b>FL</b> 12.5 ZIP: <b>34608</b>	13.1 NAME: _____ 13.2 STREET ADDRESS: _____ 13.3 CITY: _____ 13.4 STATE: _____ 13.5 ZIP: _____
12.6 NAME: _____ 12.7 STREET ADDRESS: _____ 12.8 CITY: _____ 12.9 STATE: _____ 12.10 ZIP: _____	13.6 NAME: _____ 13.7 STREET ADDRESS: _____ 13.8 CITY: _____ 13.9 STATE: _____ 13.10 ZIP: _____
12.11 NAME: _____ 12.12 STREET ADDRESS: _____ 12.13 CITY: _____ 12.14 STATE: _____ 12.15 ZIP: _____	13.11 NAME: _____ 13.12 STREET ADDRESS: _____ 13.13 CITY: _____ 13.14 STATE: _____ 13.15 ZIP: _____
12.16 NAME: _____ 12.17 STREET ADDRESS: _____ 12.18 CITY: _____ 12.19 STATE: _____ 12.20 ZIP: _____	13.16 NAME: _____ 13.17 STREET ADDRESS: _____ 13.18 CITY: _____ 13.19 STATE: _____ 13.20 ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and that I am not entitled to any compensation for the preparation of this report or for the filing of this report, and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the board of directors empowered to execute this report, as required by Chapter 190, Florida Statutes, and that my name appears on Block 1 of Block 1 of the report or on an attachment with an address.

SIGNATURE: *John E. Mezerewski* **JOHN E. MEZEREWski, JR.** X **904-683-6828**  
 (Signature of Officer or Director)