


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # V55434 (7) 1. Corporation Name WEST COAST IRRIGATION & DESIGN INC.											
Principal Place of Business 4058 Lamson Avenue Spring Hill Fl. 34608			Mailing Address 4058 Lamson Avenue Spring Hill Fl 34608								
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/31/92 3a. Date of Last Report 05/01/96							
				4. FEI Number 59-3135306 Applied For Not Applicable							
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent Mezerewski, John E. Jr. 4058 Lamson Avenue Spring Hill Fl. 34608			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
12. OFFICERS AND DIRECTORS 12.1 NAME DPST Mezerewski, John E. Jr. <input type="checkbox"/> DELETE 12.2 STREET ADDRESS 4058 LAMSON Avenue 12.3 CITY-STATE-ZIP Spring Hill Fl. 34608 <input type="checkbox"/> DELETE 12.4 NAME <input type="checkbox"/> DELETE 12.5 STREET ADDRESS <input type="checkbox"/> DELETE 12.6 CITY-STATE-ZIP <input type="checkbox"/> DELETE 12.7 NAME <input type="checkbox"/> DELETE 12.8 STREET ADDRESS <input type="checkbox"/> DELETE 12.9 CITY-STATE-ZIP <input type="checkbox"/> DELETE 12.10 NAME <input type="checkbox"/> DELETE 12.11 STREET ADDRESS <input type="checkbox"/> DELETE 12.12 CITY-STATE-ZIP <input type="checkbox"/> DELETE						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP 13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP 13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP 13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP 13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP 13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP 13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP 13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP 13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP 13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP 13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP 13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP 13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP 13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP 13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP 13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP 13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP 13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP 13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP 13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-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 included 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.											
SIGNATURE: John E. Mezerewski, Jr. <i>J. Mezerewski Jr.</i> 4/21/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

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