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

05-10-1999 90191 015 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 737178**

1. Corporation Name

**FLORIDA IRRIGATION SOCIETY, INC.**

Principal Place of Business

**1025 S. SEMORAN BLVD.  
BLDG. 1 STE. 1093  
WINTER PARK FL 32792  
US**

Mailing Address

**P. O. BOX 1627  
GOLDENROD FL 32733  
US**

535347-90191-15



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**10/29/1976**

4. FEI Number

**59-1781561**

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

9. Name and Address of Current Registered Agent

**MURPHY, KATHY S  
1025 S. SEMORAN BLVD.  
BLDG. 1 STE. 1093  
WINTER PARK FL 32792**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **REZAKHANI, MOSLEH**  
CITY-ST-ZIP **P.O. DRAWER 18279 N/A  
W PALM BEACH FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **HINELINE, HARLAN**  
CITY-ST-ZIP **PORT ORANGE PLUMBING, P.O. BOX 290874 N/A  
PORT ORANGE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SALIWANCHIK, MIKE**  
CITY-ST-ZIP **6416 OLD WINTER GARDEN RD  
ORLANDO FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **LYNN, SAM**  
CITY-ST-ZIP **6835 COMMERCE AVE  
PORT RICHEY FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **DURAND, ROBERT**  
CITY-ST-ZIP **5008 W. LINEBAUGH AVE. #26  
TAMPA FL**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HAGEN, BILL**  
CITY-ST-ZIP **707 PESCADOR AVE.  
ALTAMONTE SPRINGS FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **VD** ☒ 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 **PD** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **11711-2 Phillips Hwy.**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32256**

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **Richard Neff**  
5.3 STREET ADDRESS **4770 NE 11 Ave.**  
5.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

6.1 TITLE **D** ☒ 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 617, 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:

*Richard Neff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Neff

4/30/99

954/771-9353

Date

Daytime Phone #

CR2E037 (11/98)

535347-9091-15

Doc# 737198

**PRESIDENT**

Sam Lynn  
Century Rain Aid  
11711-2 Phillips Hwy.  
Jacksonville, FL 32256  
904/827-1470

**FIRST VICE PRESIDENT**

Mosleh Rezakhani  
Hughes Supply Inc.  
P.O. Drawer 18279  
West Palm Beach, FL 33416-8279  
561/640-2941

**SECOND VICE PRESIDENT**

Harlan Hineline Jr.  
Port Orange Plumbing Inc.,  
P.O. Box 290874  
Port Orange, FL 32129  
904/756-0848

**SECRETARY**

Richard Neff  
Irrigation Craft  
4770 NE 11 Ave.  
Ft. Lauderdale, FL 33334  
954/771-9353

**TREASURER**

Charles Almond  
Rain Bird Sales Inc.  
300 Cypress Landing Drive  
Longwood FL, 32779  
407/682-6596

**PAST PRESIDENT**

Bill Hagen  
Hagen Irrigation  
707 Pescador Ave  
Altamonte Springs FL, 32714  
407/862-3114

**DIRECTORS**

Bruce Hage  
Bruce Hage Spr. Wells & Pmps  
4946 Cedar Bay St.  
Orlando FL, 32812  
407/275-0804,

Craig Reed  
Wesco Turf Supply Inc.  
300 Technology Park  
Lake Mary FL, 32746  
407/333-3600

David Wickham  
David Wickham & Assoc.  
1701 Cedarstone Court  
Lake Mary FL, 32746  
407/333-8937

**DIRECTORS (cont'd)**

George Jimenez  
Hunter Industries  
1723 Disston Ave.  
Clermont, FL 34711  
352/243-1124

Harry St. Pearre  
Creative Sprinkler Systems  
12607 Lake Hills Drive  
Riverview, FL 33569  
813/677-0846

John Joseph  
Joseph's Irrigation Inc.  
4013 W. Linebaugh Ave. #111  
Tampa, FL 33624  
813/963-7757

Leslie Wright  
Practical Gardening Services  
540 Lakeview Dr.  
Palm Harbor, FL 34683  
727/781-5551

Mike Perkins  
Perkins Irrigation  
1901 N.W. 18th St.  
Pompano Beach, FL 33069  
954/973-3033

Mike Saliwanchik  
Senninger Irrigation  
6416 Old Winter Garden Rd  
Orlando, FL 32835  
407/293-5555

Phil LeBlanc  
Agricultural Products Inc.  
P.O. Box 3546  
Haines City, FL 33845-3546  
941/294-1900

Steve Hall  
Florida Irrigation Supply Inc.  
14751 N Nebraska Ave.  
Tampa, FL 33613  
813/978-1181

Steve Harrison  
Irritrol Systems  
511 Donaldson Dr.  
Debarry, FL 32713  
407/668-6574