

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 050 ***150.00

DOCUMENT # 345819

1. Corporation Name
GRACEWOOD IRRIGATION SYSTEMS, INC.

Principal Place of Business
**1626 - 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370**

Mailing Address
**1626 - 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1969

4. FEI Number

59-1265274

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LUTHER, JOHN M
1626 - 90TH AVENUE
VERO BEACH FL 32966**

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

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 **CD**
STREET ADDRESS **RICHARDSON, DANFORTH K.**
CITY-ST-ZIP **1855 28 AVENUE
VERO BCH, FL 00000**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LUTHER, JOHN M.**
CITY-ST-ZIP **555 SOUTH A1A
VERO BCH, FL 00000**

TITLE ☐ DELETE
NAME **VAS**
STREET ADDRESS **KAHLE, GEORGE A.**
CITY-ST-ZIP **6020 SW 5TH ST.
VERO BCH, FL 00000**

TITLE ☐ DELETE
NAME **TS**
STREET ADDRESS **PEREZ, TOMAS RENE**
CITY-ST-ZIP **2019 CORTEZ AVENUE
VERO BEACH FL**

TITLE ☐ DELETE
NAME **ATD**
STREET ADDRESS **HOPKINS, SUSAN R.**
CITY-ST-ZIP **265 RIVERWAY DR
VERO BCH. FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HARRIS, WILLIAM E.**
CITY-ST-ZIP **GLENDAL ROAD
VERO BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS RENE PEREZ - TREASURER

Date

Daytime Phone

CR2E034 (1/98)

0120900