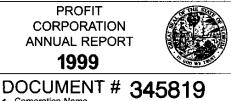
FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GRACEWOOD IRRIGATION SYSTEMS, INC.

1. Corporation Name



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

61585 B368 1910	HEN END DIOL	

Principal Place	e of Business	Mailing Address			(INTING (SIG) MIND (MIND (MIND) MIND (MIND) MIND (MIND)	Stati Albi	1 81811 61611 1681		
· -		1626 - 90TH AVENUE							
P.O. BOX 370 P.O. BOX 370									
VERO BEACH FL 32961-7370 VERO BEACH FL 32961-7370						DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 05/07/1969				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			59-1 <u>2652</u> 74		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional		
22		27			J. 05/4/05/0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fee F	Required		
City & State		City & State			6. Election Campaign Financing	,			
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip Country			8. This corporation owes the current year Intang		4		
24	25	29 30	<u> </u>			Yes	No		
	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registered റ്റുദ്വ	ent			
11171	IER, JOHN M		81	Name					
	- 90TH AVENUE		82	Street	Address (P.O. Box Number is Not Acceptable)				
,	D BEACH FL 32966								
VE111	DEACHTE 32900		83						
			84	City	- 1	B5 Zip	Code		
					<u> </u>	Щ.			
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was authons of, Section 607.0505, Florida	orized by Statutes	the corpe	d corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appointment	ent as r	egistered		
	Signature, typed or printed name of registered agent			it signature r	required when reinstating) DATE	UDCAT	ODC IN 42		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND I] Change			
TITLE	RICHARDSON, DANFORTH K.		1.2 NAME		_	1 0090			
NAME	1855 28 AVENUE		i						
STREET ADDRESS	VERO BCH, FL 00000			ADDRESS					
CITY-ST-ZIP	PD	☐ DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP		Change	Addition		
TITLE	· =	□ pere⊥e				1 ondingo			
NAME	LUTHER, JOHN M.		2.2 NAME						
STREET ADDRESS	555 SOUTH A1A		2.3 STREET						
CITY-ST-ZIP	VERO BCH, FL 00000	☐ DELETE	2. 4 CITY-S	T-ZIP] Change	Addition		
TITLE	VAS	☐ DECE IE	3.1 TITLE		-] Criange	[] Addition		
NAME	KAHLE, GEORGE A.		3.2 NAME				İ		
STREET ADDRESS	6020 SW 5TH ST.		3.3 STREET		5				
CITY-ST-ZIP	VERO BCH, FL 00000		3.4. CITY+S	T-ZIP		7.05	- FD Addition		
TITLE	TS	☐ DELETE	4,1 TITLE		_] Change	Addition		
NAME	PEREZ, TOMAS RENE		4. 2 NAME						
STREET ADDRESS	2019 CORTEZ AVENUE		4.3 STREET	ADDRESS	5				
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST	T-ZIP					
TITLE	ATD	☐ DELETE	5.1 TITLE] Change	e Addition		
NAME	HOPKINS, SUSAN R.		5.2 NAME						
STREET ADDRESS	265 RIVERWAY DR		5.3 STREET		5		l		
CITY-ST-ZIP	VERO BCH. FL		5.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETÉ	6.1 TITLE] Change	Addition		
NAME	HARRIS, WILLIAM E.		6.2 NAME						

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 trusted 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS GLENDALE ROAD

VERO BCH. FL