2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM 345819 DOCUMENT# 1. Entity Name **Secretary of State** GRACEWOOD IRRIGATION SYSTEMS, INC. Principal Place of Business Mailing Address 1626 - 90TH AVENUE 1626 - 90TH AVENUE P.O. BOX 370 P.O. BOX 370 VERO BEACH FL VERO BEACH FL 329617370 329617370 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1265274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN 1626 - 90TH AVENUE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL32966 US Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 04/23/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME LUTHER NANCY R NAME 555 SOUTH A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ATD ☐ Delete TITLE X Change ☐ Addition NAME HOPKINS, SUSAN R. NAME HOPKINS, SUSAN R. STREET ADDRESS 265 RIVERWAY DR STREET ADDRESS 1590 GRACEWOOD LANE CITY-ST-ZIP VERO BCH. \mathbf{FL} CITY-ST-ZIP VERO BCH. FL32963 ☐ Delete TITLE X Change ☐ Addition PEREZ, TOMAS RENE NAME PEREZ, TOMAS RENE STREET ADDRESS 2019 CORTEZ AVENUE STREET ADDRESS 2019 CORTEZ AVENUE CITY-ST-ZIP VERO BEACH FLCITY-ST-ZIP VERO BEACH FL. 32960 ☐ Delete TITLE VAS Change ☐ Addition KAHLE, GEORGE A. NAME KAHLE, GEORGE A. STREET ADDRESS 6020 SW 5TH ST. STREET ADDRESS 6020 SW 5TH ST. CITY-ST-ZIP VERO BCH, FL CITY-ST-ZIP VERO BEACH FT. 32968 TITLE ☐ Delete TITLE PD X Change ☐ Addition LUTHER, JOHN M. NAME LUTHER, JOHN M. STREET ADDRESS 555 SOUTH A1A STREET ADDRESS 555 SOUTH A1A CITY-ST-ZIP VERO BCH, FL CITY-ST-ZIP VERO BEACH FL32963 Delete TITLE Change ☐ Addition RICHARDSON, DANFORTH K. NAME RICHARDSON, DANFORTH K. STREET ADDRESS 1855 28 AVENUE STREET ADDRESS 1855 28 AVENUE CITY-ST-ZIP VERO BCH, FL CITY-ST-ZIP VERO BEACH 32960 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/23/2001

Date

Daytime Phone #

TOMAS RENE PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _