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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **F51792**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90152 048 ***150.00

RAY'S IF	irigation systems, inc	•							
Principal Place	of Business	Mailing Address	·				- I EMMSTON SION OTEN: TENTO LOTED LIGHT	MIRE BIBIT BEBIT BE)); 91811 4:81; 1481
C/O BERNARD 189 GOLF CLUE VENICE FL 3429 US	B. SOLA 3 LN.	189 GOLF CLUB IN C/O BERNARD B SOLA VENICE FL 34293 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1981				
		2a Mailine Address			4. FEI Number		Applied For		
	ace of Business	2a. Mailing Address					59-2139026	 -	Not Applicable
Suite, Apt.	# otc	Suite Ant # etc	Suite, Apt. #, etc.						5 Additional
22	r, etc.	27				5. Certificate of Status Desired	v - · · ·	Required	
City & State	<u> </u>		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	untry	7		8. This corporation owes the current ye	ar Intangible	
24 25		29 30					Personal Property Tax.	Yes	Ø No
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Regist	ered Agent	
				81	Na	me			
SOLA, BERNARD, B.			82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)			
189 GOLF CLB LANE				Jan Substitution					
VENI	CE FL 33595			83	i				
				84 City		·		85 Z	ip Code
						-	·	FL []	·
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the obliging Signature, typed or printed name of registered agents.	a of Florida. Such change that allows of, Section 607.050	was authorize 5, Florida Sta	ed by stutes	tine (3.	огроганог	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment as	registered
12.		ND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE			1.1 TITLE				Chang		
NAME			NAME						
STREET ADDRESS			1.3 5		1.3 STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 00000		1.4	1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE .				☐ Chane	ge 🔲 Addition	
NAME	2.21		NAME						
STREET ADDRESS			2.3	STREE	T ADDE	ESS			
CITY-ST-ZIP	2.4		CITY-S	ST-ZIP					
TITLE	☐ DELETE 3.11		TITLE		Ì		Chan	ge 🗌 Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	T ADDI	ESS			
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP				
TITLE		☐ DELE	TE 4.1	TITLE		1		☐ Chan	nge
NAME			4. 2	NAME		ļ			
STREET ADDRESS			4.3	STREE	TADO	RESS			
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE		☐ DELE		TITLE				☐ Chan	ige 🔲 Addition
NAME				NAME		Į			
STREET ADDRESS					TADDI	ESS			
CITY-ST-ZIP				CITY-S		-			no [m] Addition
TITLE		☐ DELE		TITLE		1		Chan	ge 🗌 Addition
NAME			■ 6.2	NAME		1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR