

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G14561** (6)

1. Corporation Name

WATER SYSTEMS IRRIGATION SPECIALISTS, INC.



Principal Place of Business

**1880 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Mailing Address

**1880 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

3. Date Incorporated or Qualified
12/22/1982

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
59-1921707

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 has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDONALD, MARK S.
217 LITTLE HAMPTON CLOSE
LONGWOOD FL 32779**

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 607.05(12) 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 607.05(12), Florida Statutes.

SIGNATURE

Signature of Corporation (to be signed by authorized officer or director)

Signature of Registered Agent (to be signed by registered agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **P MACDONALD, MARK S.**
STREET ADDRESS **217 LITTLE HAMPTON CLOSE**
CITY-ST-ZIP **LONGWOOD FL**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 407.649.9990
Daytime Phone #

CR2E034 (12/95)