

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**  
 09-07-1999 90002 035 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **L97971** ✓  
 Corporation Name  
**FLORIDA IRRIGATION SPECIALISTS, INC.**



DO NOT WRITE IN THIS SPACE

Place of Business: **ROGERS CIRCLE BOCA RATON FL 33487**  
 Mailing Address: **6530 E. ROGERS CIRCLE BOCA RATON FL 33487 US**

3. Date Incorporated or Qualified: **09/06/1990**

4. FEI Number: **65-0218617** 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:  Yes  No

1. Place of Business: **10 NICKELS BLVD.**

2a. Mailing Address: **9180 NICKELS BLVD.**

2b. Suite, Apt. #, etc.

27. City & State: **BOYNTON BCH., FL**

28. Zip: **33436** Country: **USA**

29. Country: **USA** 30. Country: **USA**

9. Name and Address of Current Registered Agent:  
**TYSON, MICHAEL**  
**9180 NICKELS BLVD.**  
**BOYNTON BEACH FL 33436**

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

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD TYSON, MICHAEL 9180 NICKELS BLVD. BOYNTON BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
ASH, ROBERT		1.3 STREET ADDRESS	
10490 PADDOCK DRIVE		1.4 CITY-ST-ZIP	
WELLINGTON FL 33414		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TYSON, MICHAEL** 7/10/99 (561) 994-3772

CR2E034 (5/99)