FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063964 (8)

1. Corporation Name
KILPATRICK IRRIGATION SUPPLY COMPANY, INC.

Principal Place of Business: ~~54 N.E. 4TH AVE. DELRAY BEACH FL 33483~~
322 NE 3rd St.
Boynton Beach, Fl.33435

Mailing Address: ~~54 N.E. 4TH AVE. DELRAY BEACH FL 33483~~
322 NE 3rd St.
Boynton Beach, Fl.33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report

4. FEI Number: 65-0522551 — 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRAWN, JOEL T
54 N.E. 4TH AVE.
DELRAY BEACH FL 33483

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

100001478361
-05/08/95--01026--012
****450.00 ****225.00

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE — Registered Agent Signature — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	TITLE	DP	[X] Change [ ] Addition
NAME	~~MONAGHAN, TIMOTHY E~~	NAME	Harold D. Kilpatrick	
STREET ADDRESS	~~54 N.E. 4TH AVE~~	STREET ADDRESS	1750 Lake Dr.	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~	CITY-ST-ZIP	Delray Beach, Fl. 33444	
TITLE	D	TITLE	ST	[ ] Change [X] Addition
NAME	~~STRAWN, JOEL T~~	NAME	Kilpatrick, Mary G.	
STREET ADDRESS	~~54 N.E. 4TH AVE~~	STREET ADDRESS	1750 Lake Drive	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~	CITY-ST-ZIP	Delray Beach, Fl. 33444	
TITLE		TITLE	VP	[ ] Change [X] Addition
NAME		NAME	Kilpatrick, Tim L.	
STREET ADDRESS		STREET ADDRESS	1725 Lake Dr.	
CITY-ST-ZIP		CITY-ST-ZIP	Delray Beach, Fl. 33444	
TITLE		TITLE	VP	[ ] Change [X] Addition
NAME		NAME	Kilpatrick, Jon W.	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	Delray Beach, Fl. 33444	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

5/1/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: [signature] — 4/25/95 — 407-732-9816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold D. Kilpatrick, President

0276071 CP