


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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063964 (8)
1. Corporation Name

KILPATRICK IRRIGATION SUPPLY COMPANY, INC.

Principal Place of Business 7700 High Ridge Road Boynton Beach, Fl. 33462-5026	Mailing Address 7700 High Ridge Road Boynton Beach, Fl. 33462-5026
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3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0522551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. # etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Strawn, Joel T.
54 N.E. 4th Avenue
Delray Beach, Fl. 33483**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilpatrick, Harold D.	1.2 NAME	
STREET ADDRESS	1750 Lake Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33444	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilpatrick, Tim L.	2.2 NAME	
STREET ADDRESS	1725 Lake Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33444	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilpatrick, Jon W.	3.2 NAME	
STREET ADDRESS	425 N.W. 18th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33444	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, John R.	4.2 NAME	
STREET ADDRESS	8541 N. Lake Dasha Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl. 33324	4.4 CITY-ST-ZIP	
TITLE	Secr./Treas. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilpatrick, Mary G.	5.2 NAME	
STREET ADDRESS	1750 Lake Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33444	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

561-533-1450

Date

Daytime Phone #

CR2E034 (9/96)