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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000063964 (8)

1. Corporation Name

KILPATRICK IRRIGATION SUPPLY COMPANY, INC.

Principal Place of Business

Mailing Address

7700 HIGH RIDGE RD
BOYNTON BEACH FL 33462-5026

7700 HIGH RIDGE RD
BOYNTON BEACH FL 33462-5026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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 ☐ DELETE

NAME DP
KILPATRICK, HAROLD D
STREET ADDRESS 1750 LAKE DR.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME EVP
KILPATRICK, TIM L
STREET ADDRESS 1752 LAKE DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME VP
KILPATRICK, JON W
STREET ADDRESS 425 N.W. 18TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME VP
MORRIS, JOHN R
STREET ADDRESS 8541 N. LAKE DASHA DRIVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME ST
KILPATRICK, MARY
STREET ADDRESS 1750 LAKE DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

John R. Morris

1-28-98

211533-1450

CR2E034 (10/97)