FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State DOCUMENT # P94000063964 1. Entity Name KILPATRICK IRRIGATION SUPPLY COMPANY, INC. 01-08-2001 90064 040 ***158.75 Principal Place of Business Mailing Address 7700 HIGH RIDGE RD 7700 HIGH RIDGE RD BOYNTON BEACH FL 33462-5026 BOYNTON BEACH FL 33492-5026 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0522551 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAWN, JOEL T Street Address (P.O. Box Number is Not Acceptable) 54 N.E. 4TH AVE. **DELRAY BEACH FL 33483** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (10/00) ☐ Delete TITI F ☐ Change TITLE NAME KILPATRICK, HAROLD D NAME STREET ADDRESS STREET ADDRESS 1750 LAKE DR. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Change ☐ Addition ☐ Delete TITLE **FVP** TITLE NAME NAME KILPATRICK, TIM L 1750 LAKE DRIVE 1750 LAKE DIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KILPATRICK, JON W STREET ADDRESS STREET ADDRESS 425 N.W. 18TH STREET CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33444** ☐ Change ☐ Addition SVP/AS ☐ Delete TITLE TITLE NAME NAME MORRIS, JOHN R STREET ADDRESS STREET ADDRESS 8541 N. LAKE DASHA DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME KILPATRICK, MARY NAME STREET ADDRESS STREET ADDRESS 1750 LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 13. 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 report or supplemental 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 (he receiver or truster) empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an activess, with all other like empowered.

Tom 2. Marcis

SIGNATURE AND TYPEDOH PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

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561.533.1450