

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90010 034 \*\*\*150.00

DOCUMENT # **P94000092636**

1. Corporation Name

**AMERICAN IRRIGATION SERVICES, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 8247  
JUPITER FL 33468  
US

P.O. BOX 8247  
JUPITER FL 33468  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/21/1994**

4. FEI Number

**65-0689927**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ARRIETA, RAFAEL**  
**17755 118TH TERRACE NORTH**  
**JUPITER FL 33458**

10. Name and Address of New Registered Agent

81

Name **Rafael Arrieta**

82

Street Address (P.O. Box, Number is Not Acceptable)

**12906 LA ROCHELLE CIR.**

83

84

City **P.Bch. Gardens**

FL

85

Zip Code

**33410**

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

*Rafael Arrieta*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-12-99**

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE  
NAME **ARRIETA, RAFAEL**  
STREET ADDRESS **17755 118TH TERR. NORTH**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition  
1.2 NAME **Arrieta, Rafael**  
1.3 STREET ADDRESS **12906 LA ROCHELLE CIR.**  
1.4 CITY-ST-ZIP **P.B.G. FL 33410**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Rafael Arrieta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-12-99-561-691-0941**

**7-12-99**

CR2E034 (5/99)

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P94000092636  
590528-9000-34



(561) 848-7008  
FAX (561) 575-1165

P.O. BOX 8247 • JUPITER, FLORIDA 33478

7/12/99

TO WHOM IT MAY CONCERN;

ON BEHALF OF AMERICAN IRRIGATION SERVICES INC. . I AM SENDING  
THIS LETTER TO INFORM YOU THAT WE DID NOT RECIEVE OUR FIRST  
NOTICE FOR THE ANNUAL REPORT.

THIS WAS IN OUR P.O. BOX TODAY JULY 12, 1999. ON THE FRONT OF THE  
MAILING LABEL IT LOOKS AS THOU IT HAD BEEN FORWARDED.

I WOULD HOPE THAT YOU WOULD BELIEVE THAT WE WOULD NOT  
HAVE NEGELECTED THIS ON BEHALF OF OUR BUISNESS.

ALSO PLEASE NOTE, THAT THE ADDRESS ON THE FORM HAS BEEN  
CHANGED FOR QUITE SOME TIME. THE CORRECT ADDRESS IS:

12906 LA ROCHELLE CIRCLE  
PALM BEACH GARDENS, FL. 33410

I'AM SORRY FOR THE INCONVIENCE BUT THIS IS THE TRUTH AND

I WILL SEND TO YOU THE FORM AS I RECIEVED IT FROM THE P.O. BOX.

SINCERELY,

*Rafael Arrieta*  
RAFAEL ARRIETA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
#4571



Forward:

TO: 0081797 AF \*\*AUTO TO 6 1297 33468-824747  
AMERICAN IRRIGATION SERVICES, INC.  
P.O. BOX 8247  
JUPITER FL 33468-8247  
US

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