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FILED  
May 29 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 # P95000047809 (5)

1. Corporation Name

ANTILLIAN IRRIGATION SUPPLY, INC.

Principal Place of Business

~~204 SOUTH CR. 427~~  
~~STE. 130~~  
~~LONGWOOD FL 32750~~  
US

Mailing Address

~~204 SOUTH CR. 427~~  
~~130~~  
~~LONGWOOD FL 32750~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

59-3331458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 105 Baywood Ave

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 P.O. Box 520428

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD FL

Zip

29 32752

Country

30 USA

9. Name and Address of Current Registered Agent

MEDINA, ROBERTO  
~~204 SOUTH CR. 427~~  
~~STE. 130~~  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

369 Goldstone Ct.

83

84 City

LAKE MARY

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 607.0102 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

TITLE ☐ DELETE

NAME MEDINA, ROBERTO  
STREET ADDRESS ~~204 SOUTH CR. 427, STE. 130~~  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME DEJONG, PAUL  
STREET ADDRESS ~~204 SOUTH CR. 427, STE. 130~~  
CITY-ST-ZIP LONGWOOD FL

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 ☒ Change ☐ Addition

1.2 NAME 369 Goldstone Ct.  
1.3 STREET ADDRESS P.O. Box 520428 LK. MARY  
1.4 CITY-ST-ZIP LONGWOOD, FL 32752 32746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DEJONG, PAUL  
2.3 STREET ADDRESS P.O. Box 520428  
2.4 CITY-ST-ZIP LONGWOOD 32752 N/A

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

*[Signature]*

4/27/98

328-4341

CR2E034 (10/97)