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FILED
May 12 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 # P95000076621 (8)

1. Corporation Name
IRRIGATION PRODUCTS, INC.



Principal Place of Business Mailing Address
200 EAST ROBINSON STREET, SUITE 500 200 EAST ROBINSON STREET, SUITE 500
ORLANDO FL 32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 105 Baywood Ave
Suite, Apt. #, etc.
22
City & State
23 Longwood Florida
Zip Country
24 32750 25 U.S.A.
2a. Mailing Address
26 P.O. Box 520428
Suite, Apt. #, etc.
27
City & State
28 Longwood Florida
Zip Country
29 32752-0428 30 U.S.A.

3. Date Incorporated or Qualified
10/08/1995
4. FEI Number
59-3338869
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

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 EAST ROBINSON STREET, SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PAGET-WILKES, GILES	P.O. BOX 520743	LONGWOOD FL	<input checked="" type="checkbox"/>
VPD	KLINE, JAMES	P.O. BOX 520743	LONGWOOD FL	<input checked="" type="checkbox"/>
SD	MEDINA, ANA	P.O. BOX 520743	LONGWOOD FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	ANDREW L. KOUNS	340 E. THIRD AVE.	MT. DORA, FL. 32757	<input type="checkbox"/>	<input type="checkbox"/>
VPD	MARGARITA L. KOUNS	340 E. THIRD AVE.	MT. DORA, FL. 32757	<input type="checkbox"/>	<input type="checkbox"/>
SD	NATHANIEL A. KOUNS	340 E. THIRD AVE.	MT. DORA, FL. 32757	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)