


FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90103 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000027155

1. Corporation Name

GOLF AND IRRIGATION CONSULTANTS, INC.

| | |
|---|---|
| Principal Place of Business 10700 LUSCOMBE COURT NEW PORT RICHEY FL 34654 | Mailing Address 10700 LUSCOMBE COURT NEW PORT RICHEY FL 34654 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/22/1996 | |
| 21 | | 26 | | 4. FEI Number 59-3384394 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | |
| 23 | | 28 | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Zip | | | |
| 24 | | 29 | | | |
| Country | | Country | | | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

BATCHELOR, RICHARD G.
10700 LUSCOMBE COURT
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name **WILLIAM BATCHELOR**
 82 Street Address (P.O. Box Number is Not Acceptable)
5111 SPIKE HORN DR.
 83
 84 City **New Port Richey** FL 85 Zip Code **34653**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|----------------------------------|
| TITLE | D | 1.1 TITLE | PRES. |
| NAME | BATCHELOR, RICHARD G | 1.2 NAME | WILLIAM BATCHELOR |
| STREET ADDRESS | 10700 LUSCOMBE COURT | 1.3 STREET ADDRESS | 5111 SPIKE HORN DR. |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | 1.4 CITY-ST-ZIP | NEW PORT RICHEY, FL 34653 |
| TITLE | | 2.1 TITLE | V. PRES. SEC-TREAS. |
| NAME | | 2.2 NAME | LISA BATCHELOR |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5111 SPIKE HORN DR. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | NEW PORT RICHEY, FL 34653 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)