## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000035581

BOB IRSAY IRRIGATION CONTRACTOR, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90232 032 \*\*\*150.00



Principal Place of Business Mailing Address 1003 NW 11TH ST 1003 NW 11TH ST **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/17/1998 4,\_FEI Number Applied For-2. Principal Place of Business 2a. Mailing Address <u>65-0830X</u> Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Yes □No Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IRSAY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 1003 NW 11TH ST **BOYNTON BEACH FL 33426** 83 Zip Code 85 84 City 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 remaint to the provisions of Sections 607.5002 and 607.1506, Finitial Statutes, the appointment of the provisions of Section 607.5002 and 607.1506, Finitial Statutes of 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 1.1 TITLE TITLE IRSAY, ROBERT 1.2 NAME NAME 1003 NW 11TH ST STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Change Addition 2.1 TITLE TITLE IRSAY, SHARI 2.2 NAME NAME 1003 NW 11TH ST 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TME TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 41 TH F TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

561-732-3666