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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUI 1. Corporatio	MENT # S06576	(0)		
IRRIGA	TION SERVICES GROUP, INC).		
Principal Place of Business		Mailing Address		
551 SE 8 ST		551 SE 8 ST		
501 DELRAY BOH FL 33483		501 251 24 X 2004 51 22422		DO NOT WRITE IN THIS SPACE
US US	FL 33483	DELRAY BCH FL 33483 US		3. Date Incorporated or Qualified
				10/12/1990
	lace of Business	2a. Mailing Address	J	4. FEI Number Applied For
21 255 George Bush Blvd.		26 255 George Bush Blvd.		
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		B. Election Campaign Financing \$5.00 May Be
<u> </u>	ay Beach, FL	28 Delray Beac	ch, FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3344			o Palm Be	
	9. Name and Address of Current (Registered Agent		10. Name and Address of New Registered Agent
KILPATRICK, HAROLD D. 81 Name				
411 E ATLANTIC AVE				Address (P.O. Box Number is Not Acceptable)
STE			83) High Ridge Road
DELRAY BCH FL 33483				
			84 City	nton Beach FL 33462
11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statutes, the above-named corporation				
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 punted harne of registered agent	and title if applicable (NOTE:	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 TITLE	Change Addition
NAME	JOEL T. S TRAWN		1.2 NAME	ļ
STREET ADDRESS	54 N.E. 4TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELRAY BEACH FL	DELETE	1.4 CITY - ST- ZIP 2.1 TITLE	Change Addition
NAME	DAVILA, MICHAEL D.		2.7 NAME	C Orango C recitori
STREET ADDRESS	209 NE 7TH AVE.		2.3 STREET ADDRESS	l l
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP	
TITLE	DECIGIT DOTTE	DELETE	3.1 TITLE	P, D Change Addition
NAME			3.2 NAME	Harold D. Kilpatrick, Jr.
STREET ADORESS			3.3 STREET ADDRESS	255 George Bush Blvd.
CITY-ST-ZIP			34. CITY-ST-ZIP	Delray Beach, FL 33444
TITLE		☐ DELETE	4.1 TITLE	S,T Change 🔀 Addition
NAME			4. 2 NAME	Kristina A. Kilpatrick
STREET ADDRESS			4.3 STREET ADDRESS	255 George Bush Blvd.
CITY-ST-2IP		D by the	4.4 CITY - ST - ZIP	Delray Beach, FL 33444
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		had beleve	6.2 NAME	

14. Thereby 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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Harold D. Kilpatrick, Jr.

3.3.48

FILED

Mar 09 1998 8:00am

Secretary of State

JL1. 279.0025