

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90124 014 \*\*\*158.75

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DOCUMENT # S06576

1. Corporation Name

IRRIGATION SERVICES GROUP, INC.

Principal Place of Business

255 GEORGE BUSH BLVD  
501  
DELRAY BEACH FL 33444  
US

Mailing Address

255 GEORGE BUSH BLVD  
DELRAY BEACH FL 33444  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1990

4. FEI Number

65-0022351

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 7700 High Ridge Road

Suite, Apt. #, etc.

27 City & State

28 Boynton Beach, FL

29 Zip

Country

30 33462-5026

USA

9. Name and Address of Current Registered Agent

KILPATRICK, HAROLD D.  
7700 HIGH RIDGE RD  
BOYNTON BEACH FL 33462

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 V ☐ DELETE  
NAME DAVILA, MICHAEL D.  
STREET ADDRESS 209 NE 7TH AVE.  
CITY-ST-ZIP DELRAY BCH FL

TITLE PD ☐ DELETE  
NAME KILPATRICK, JR H  
STREET ADDRESS 255 GEORGE BUSH BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ST ☐ DELETE  
NAME KILPATRICK, KRISTINA  
STREET ADDRESS 255 GEORGE BUSH BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33444

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 AS  
4.3 STREET ADDRESS Morris, John R.  
4.4 CITY-ST-ZIP 8541 N. Lake Dasha Drive  
Plantation, FL 33324

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, with all other like empowered.

SIGNATURE:

*Harold D. Kilpatrick, Jr.*

Harold D. Kilpatrick, Jr.

1-9-99

(561) 279-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)