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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

DOCUMENT # **S06576** 1. Corporation Name

IRRIGATION SERVICES GROUP, INC.

Principal Place	of Business	Mailing Address						1011 91011 61611	BIBIC BIBIL (BBC
255 GEORGE BUSH BLVD						DO NOT WR	ITE IN THIS	SPACE	
US CONTRACTOR OF STATE S						3. Date Incorporated or Qualifed			
						10/12/1990			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26 7700 High	Rid	lge	Road	65-0022351		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					77 7	\$8.75	Additional
22		27				5. Certifcate of Status Desired	* 3 -	Fee R	equired
City & State		City & State				6. Election Campaign Financing	<u></u>	\$5.00	May Be
23		Boynton B	each	1, F	FL	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the cur	rent year Int	angible	
24	25	29 33462-502	630	USA	Α	Personal Property Tax.		Yes	⊠No
Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent	
				81	Name				
KILPATRICK, HAROLD D.					Street Add	dress (P.O. Box Number is Not Accept	table)		
	HIGH RIDGE RD			82					
j BOY i	NTON BEACH FL 33462			83					
				84	City			85 Zip	Code
					•		FL	.	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	ites, the	above	-named cor	poration submits this statement for the	purpose of	changing it	s registered
l office or m	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida, Such change was	a iinonze	ea ov t	the comorai	tion's board of directors. I hereby acce	ept the appoi	nument as n	egistered
	,,, ,								į
SIGNATURE	Signature, typed or printed name of registered agent								
1	Signature, typed or printed name or registered agent	and title if applicable. (NO	TE: Registere	ed Agent	t signature requi	red when reinstating)	DATE		
12.	OFFICERS AND	<u></u>	TE: Registere		t signature requi	ADDITIONS/CHANGES TO O			
		<u></u>	13		t signature requi			ID DIRECT	
12.	OFFICERS AND	DIRECTORS	1.1	3.	t signature requi				
12.	OFFICERS AND	DIRECTORS	1.1 1.2 I	TITLE NAME	t signature requi				
12. TITLE NAME	V DAVILA, MICHAEL D.	DIRECTORS	1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	TITLE NAME	ADORESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE.	DIRECTORS	13 1.1 1.21 1.33 1.44	TITLE NAME STREET	ADORESS				Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL	D DIRECTORS	13 1.1 1.21 1.33 1.44 2.1	TITLE NAME STREET CITY-ST	ADORESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD	D DIRECTORS	13 1.1 1.21 1.33 1.40 2.1 2.2	TITLE NAME STREET CITY-ST TITLE NAME	ADORESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H	D DIRECTORS	13 1.1 1.21 1.33 1.40 2.1 2.21 2.33	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H 255 GEORGE BUSH BLVD	D DIRECTORS	1.1 1.2 1.3 1.4 0 2.1 2.2 1 2.3 3 2.4	TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H 255 GEORGE BUSH BLVD DELRAY BEACH FL 33444	D DIRECTORS DELETE	133 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.44 3.11	3. TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H 255 GEORGE BUSH BLVD DELRAY BEACH FL 33444 ST	D DIRECTORS DELETE	133 1.1' 1.2 1 1.33 1.40 2.1' 2.2 2 2.33 2.4 3.1' 3.21	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H 255 GEORGE BUSH BLVD DELRAY BEACH FL 33444 ST KILPATRICK, KRISTINA	D DIRECTORS DELETE	133 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.33	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND V DAVILA, MICHAEL D. 209 NE 7TH AVE. DELRAY BCH FL PD KILPATRICK, JR H 255 GEORGE BUSH BLVD DELRAY BEACH FL 33444 ST KILPATRICK, KRISTINA 255 GEORGE BUSH BLVD	D DIRECTORS DELETE	133 1.1' 1.21 1.3' 1.4' 2.1' 2.21 2.3' 2.4 3.1' 3.2' 3.3'	3. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET NAME STREET	ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS T- ZIP			☐ Change	Addition Addition
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Harold D. Kilpatrick, Jr.