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 # **S69668** 1. Corporation Name

AQUA-MIST IRRIGATION OF MARTIN COUNTY, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90107 026 ***150.00



						.] [[[] [] [] [] [] [] [] [] [
Principal Place	of Business •	Mailing Address							
1580 N.E. 24TH TERRACE		1580 N.E. 24TH TERRACE							
JENSEN BEACH FL 34957		JENSEN BEACH FL 34957	JENSEN BEACH FL 34957			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/25/1991			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	Apı	plied For	i
21		26	26			65-0278394	No	t Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			_5. Certificate of Status Desired	\$8.75 A		ĺ
22		27				- o. Certicate of Outdo Scotton	Fee Re	quired	
City & State .		City & State	¬ '			6. Election Campaign Financing	\$5.00	•	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Coun			8. This corporation owes the current year in		□No	
24		25 29 30				Personal Property Tax. 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent		81 Nar	ne.	IV. Haine and Address of New Hogistered	Agoin		
WITH	ierow, robert L	.*	· .			· · · · · · · · · · · · · · · · · · ·			
1580 N.E. 24TH TERRACE		•		82 Stre	Street Address (P.O. Box Number is Not Acceptable)				
JENSEN BEACH FL 34957			•					· ·	l
				83					
				84 City	,	FL	85 Zip C	Code	
11 Purcuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	utes, the a	ove-nam	ed corpo	retion culmite this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such change was	authorized	DV the co	orporatio	n's board of directors. I hereby accept the appo	ntment as reg	gistered	
SIGNATURE	<u></u>					when rejustation) DATE			ا ا
	Signature, typed or printed name of registered a	*	TE: Registered	Agent signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	0
12.		AND DIRECTORS DELETE	1,111	1.F		ADDITIONO/OTTAINED TO OTT TO ETTO 7.1	Change	Addition	1
TITLE	d Witherow, Robert L.		1.2 NA						3
NAME	1580 N.E. 24TH TERR			REET ADDRE	ss				۱
STREET ADDRESS	JENSEN BEACH FL			ry-st-zip					Š
CITY-ST-ZIP TITLE	D D	☐ DELETE	2.1 TT				Change	☐ Addition	Ī
NAME	WITHEROW, TERRI L.		2.2 NA	ME					ļ
STREET ADDRESS	1580 N.E. 24TH TERR	- · · ·	2.3 ST	REET ADDRI	ss				
CITY-ST-ZIP	JENSEN BEACH FL		2.40	TY-ST-ZIP	≈ ==				_
TITLE	OETIGETI DE TOTT LE	☐ DELETE	3.1 TT				Change	☐ Addition	}
NAME			3.2 N	ME ~					
STREET ADDRESS			3.3 51	REET ADDR	ESS				1
CITY-ST-ZIP			3.4. C	TY-ST-ZIP					
TITLE		☐ DELETE	4.1 TT	LE			Change	☐ Addition	-
NAME			4.2 N	AME	- }				1
STREET ADDRESS			4.3 ST	REETADOR	ESS				
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TT				☐ Change	☐ Addition	
NAME			5.2 N						
STREET ADDRESS			1	REET ADDR	ESS				1
CITY-ST-ZIP				TY-ST-ZIP				Additio-	-
TITLE		☐ DELETE	6.1 17				☐ Change	☐ Addition	
NAME			6.2 N						
STREET ADDRESS				REET ADDR	:33				
000/07 700	l		■ 6,4 CI	TY-ST-ZIP	1				1

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: