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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 210832

1. Corporation Name

INDIAN RIVER ARMATURE. INC.

Principal Place	of Business	Mailing Address	-			ļ				
3800 OLEANDER AVE		3800 OLEANDER AVE								
FT PIERCE FL 34982		FT PIERCE FL 34950				DO NOT WRITE IN THIS SPACE				
		US					3. Date Incorporated or Qualife			
							03/27/1958			
		2a. Mailing Address					4. FEI Number	·	Ap	plied For
2. Principal Pla	ace of Business	— "					59-0829227		No	t Applicable
21		Suite, Apt. #, etc.							\$8.75	Additional
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired		Fee Re	equired	
City & State		City & State					-6Election Campaign Financing	9	\$5.00	May Be
—		28					Trust Fund Contribution	° и	Added t	
23	Country	Zip	C	ountry	,		8. This corporation owes the cu	rrent year Int	angible	
Zip	<u>-</u>	29	30	-			Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		1001	\top			10. Name and Address of New	Registered	Agent	
	3. Name and Address of Co		.,	81	Name				-	
MCA	RTHUR,RICHARD M			82	Chunch	Addeb	ss (P.O. Box Number is Not Acce	ntable)		
6008	RAINTREE TRAIL		,	02	Street	Addite	SS (F.O. BOX HUMBER IN TEST TOOK	,	<u> до мого до до го</u>	11 (12 pr. 12 pr
	PIERCE FL 34982			83	1	-	建筑 法 通知			
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				84	City			FL	. 63 210	Code
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					UIBUUI	13 podia of directors. Fire 3			- I
CICNATURE			ionaa c	, catoto			when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Regist	, catoto			when reinstating) ADDITIONS/CHANGES TO	DATE	ID DIRECTO	ORS IN 12
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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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURES

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90008 045 ***150.00