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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 525914 (8)

1. Corporation Name  
IRA B. BRATCHER CONTRACTORS, INC.

Principal Place of Business  
60 WEST 10TH STREET  
ATLANTIC BEACH FL 32233

Mailing Address  
60 WEST 10TH STREET  
ATLANTIC BEACH FL 32233-3414



3. Date Incorporated or Qualified 02/15/1977  
3a. Date of Last Report 06/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1726450	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
LEPRELL, SAMUEL L.  
1301 GULF LIFE TOWER  
STE 1500  
JACKSONVILLE FL 32207

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS		1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	Change Addition
STREET ADDRESS		2.1 TITLE	Change Addition
CITY - ST - ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP		3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change Addition
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	Change Addition
STREET ADDRESS		5.1 TITLE	Change Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP		6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change Addition

14. I do 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.

SIGNATURE: *X Sarah J. Bratcher* 4/14/97 904-246-2327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)