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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **576330** **(5)**

1. Corporation Name
FLORIDA IRON WORKS, INC.

Principal Place of Business
560 WADE STREET
WINTER SPRINGS FL 32708

Mailing Address
560 WADE STREET
WINTER SPRINGS FL 32708-2686

3. Date Incorporated or Qualified: **06/14/1978**
3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1833029** 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
POSTON, CARL A
1712 LAKE WAUMPI DRIVE
MAITLAND, FL
32751

10. Name and Address of New Registered Agent
81 Name: Glenn A Poston
82 Street Address (P.O. Box Number is Not Acceptable): 560 Wade St.
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Section 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] (NOTE: Registered Agent signature required when reinstating) DATE: 3/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POSTON, CARL A	1.2 NAME	
STREET ADDRESS	1712 LAKE WAUMPI DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Glenn A. Poston	2.2 NAME	
STREET ADDRESS	560 Wade St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs, FL 32708	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Clinton B. Clark III	3.2 NAME	
STREET ADDRESS	560 Wade St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs, Fl 32708	3.4 CITY-ST-ZIP	
TITLE	C.E.O. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	C.B. Clark	4.2 NAME	
STREET ADDRESS	6205 S W 147th Terrace	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33158	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 3/17/97 407-327-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063301