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Jan 23, 1999 8:00am  
Secretary of State

01-23-1999 90004 005 \*\*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711200

1. Corporation Name

IRON WORKERS LOCAL NO. 808 BUILDING COMPANY, INC

Principal Place of Business  
200 EAST LANDSTREET RD.  
ORLANDO FL 32824

Mailing Address  
200 EAST LANDSTREET RD.  
ORLANDO FL 32824



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/14/1966	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1093386	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
CHAMBLEE, MILES & GRIZZARD, P.A. ATTN: JOHN CHAMBLEE 202 CORDY ST. TAMPA FL 33606-9360				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DFT	1.1 TITLE	
NAME	PARKER, DANIEL S.	1.2 NAME	
STREET ADDRESS	110 LAKE WINNISSETT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	PDB	2.1 TITLE	
NAME	KITCHENS, DAVID E.	2.2 NAME	
STREET ADDRESS	2758 TROPICAL LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	RSD	3.1 TITLE	
NAME	DVORAK, STANLEY J., JR.	3.2 NAME	
STREET ADDRESS	617 MORROCO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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:

*Daniel S. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

407-859-9366

CR2E037 (11/98)