

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # 711591

1. Entity Name
IRON WORKERS LOCAL NO. 397 BUILDING COMPANY,
INC.



Principal Place of Business
10201 HWY 92 E
TAMPA, FL 33610 US

Mailing Address
PO BOX 18
MANGO, FL 33550 US



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0481747

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GRADY L
6845 FORRESTWOOD DRIVE W.
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JARRELL, GREGORY J
STREET ADDRESS	8502 PELICAN LANE
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	SD
NAME	BROWN, GRADY L
STREET ADDRESS	6845 FORRESTWOOD DRIVE W.
CITY- ST- ZIP	LAKELAND, FL 33811
TITLE	VD
NAME	NUNN, THOMAS
STREET ADDRESS	7107 W PIERCE HARWELL RD
CITY- ST- ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000732589
01/24/08-80013-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

8136231515

Daytime Phone #