

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 739655

1. Corporation Name

INDIAN RIVER KONTROL SOCIETY, INC.

Principal Place of Business

IRKS INC.
7100 COTTONWOOD DR
GRANT FL 32949
US

Mailing Address

IRKS INC.
7100 COTTONWOOD DR
GRANT FL 32949
US

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90113 047 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/12/1977

4. FEI Number
59-1781207

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

9. Name and Address of Current Registered Agent

EMORY, IRONS
7100 COTTONWOOD DR
GRANT FL 32949

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 Emory E. Irons Emory E. Irons Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7 Jan 99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POOLE, MARK
STREET ADDRESS 259 SAND DOLLAR RD
CITY-ST-ZIP INDIANLANTIC FL 32903 ☐ DELETE

TITLE VD
NAME ARMSTRONG, GERALD
STREET ADDRESS 443 CONSOLATA AVE. N.W.
CITY-ST-ZIP PALM BAY FL ☐ DELETE

TITLE TD
NAME ROSEBERY, GERRY
STREET ADDRESS 334 CORAL WAY WEST
CITY-ST-ZIP INDIANATLANTIC FL 32903 ☐ DELETE

TITLE SD
NAME IRONS, EMORY
STREET ADDRESS 7100 COTTONWOOD DR
CITY-ST-ZIP GRANT FL ☐ DELETE

TITLE D
NAME ROANE, BUD
STREET ADDRESS 3461 BETH LANE
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Emory E. Irons Emory E. Irons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 99
Date

407-729-7149
Daytime Phone #

CR2E037 (11/98)

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