

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F20491** (9)

1. Corporation Name
IRON HORSE, INC.

Principal Place of Business

Mailing Address

**3563 HWY 546 EAST
P.O. BOX 2585
HAINES CITY FL 33844**

**3563 HWY 546 EAST
P.O. BOX 2585
HAINES CITY FL 33844-8747**



3. Date Incorporated or Qualified **02/20/1981** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business
21 **545 NORTH PARK AVENUE** 2a. Mailing Address
26 **545 NORTH PARK AVENUE**

4. FEI Number **59-2064639** Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 **WINTER PARK, FL** 28 **WINTER PARK, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **32789** 25 **USA** 29 **32789** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, JOSEPH J. J
28100 US HWY. 19, NO.
SUITE 504
CLEARWATER FL 34621**

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

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **MARTIN, CRAIG S**
CITY-ST-ZIP **3563 HWY 546 EAST**
HAINES CITY, FL 00000

11 TITLE ☒ Change ☐ Addition
12 NAME **PD**
13 STREET ADDRESS **MARTIN, CRAIG S.**
14 CITY-ST-ZIP **545 NORTH PARK AVENUE**
WINTER PARK, FL 32789

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

Craig S. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/1997 **407-644-2322**

Date

Daytime Phone #

0364168

CR2E034 (9/96)