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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90005 047 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000006427

IRONS ELECTRIC COMPANY, INC.

Principal Place	e of Business	Mailing Address					
1629 STATE ST. P.O. BOX 221			-				•
FLORENCE AL 35630		FLORENCE AL 35631		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	FACE	
					11/24/1998		.
2 Oringinal Di	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
	ace of Business	<u> </u>	\neg $$		63-0481953		ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					03-040 1933		Additional
					5. Certifcate of Status Desired		equired
City & State	<u> </u>	City & State			C. Floation Compaign Figureing		<u> </u>
	•	28	¬ ''''		6. Election Campaign Financing Trust Fund Contribution	,	May Be to Fees
Zip Country		Zip Country			This corporation owes the current year Intan		10 1 003
24	25 29 30					∏Yes	XX(No
24	9. Name and Address of Curr			-	10. Name and Address of New Registered Ag		
	o. Hamo and Monocoo o.		81	Name.		!	
COR	PORATE ACCESS, INC.		,				
1116D THOMASVILLE RD.			82	Street	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303			83		16.00 (1.00	19 4 2 10 7 10 10 19 4 2 10 7 10 10	1001113211321
			1		· · · · · · · · · · · · · · · · · · ·		
			84	City	<u> </u>	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 re	egistered agent, or both, in the Stat	te of Florida. Such change was author	rized by :	the corp	oration's board of directors. I hereby accept the appointment	nent as re	gistered
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.			13.	signature i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	P		1.1 TITLE			Change	Addition
NAME	IRONS, JAMES E		1.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	6115 HIGHWAY 17		1.3 STREET	ADDDECC		•	
	FLORENCE AL 35633					:	
CITY-ST-ZIP TITLE	V		1.4 CITY-ST 2.1 TITLE	- 2112	[Change	Addition
	ALEXANDED ALEC	_	2.2 NAME		,		
NAME	ALEXANDER, ALEC	1		4DDD500			
STREET ADDRESS	2821 BURLESON ST.			ADDRESS		<i>'</i> .	. · .
CITY-ST-ZIP	FLORENCE AL 35630		2. 4 CITY- S	r-ZIP		Change	☐ Addition
TITLE	ST	_	3.1 TITLE			Chlange	L Addition
NAME	IRONS, HILDA		3.2 NAME				
STREET ADDRESS	61.15 HIGHWAY 17		3.3 STREET			1011	
CITY-ST-ZIP	FLORENCE AL 35633		3.4. CfTY-ST	-ZIP	A STATE OF THE S	<u>(</u>	☐ Addition
TITLE			4.1 TITLE		「「「「」」、「「」、「「」、「「」、「「」、「「」、「」、「」、「」、「」、「	Change	. [1] Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	ZIP			□ A 1.86.
TITLE		· · · · · · · · · · · · · · · · · · ·	5.1,TITLE		1 2 Santa Paris	Change	☐ Addition
NAME			5.2 NAME		The state of the s		
STREET ADDRESS	3			ADDRESS	C).		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE	eri Kalendari		6.1 TITLE		[Change	Addition
NAME		1 1	6.2 NAME				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP