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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GOROSE

101



FILED Feb 03 1998 8:00am Secretary of State

1.	IRISH MECHANICAL, INC.	.5 (0)					
Pi	Principal Place of Business Mailing Address				- 1 AUGINI (DUN DUNDI AUN UUN UUN UUN UUN UUN UUN UUN UUN UUN		
10971 IRISH LN. FORT MYERS FL 33905 US		10971 IRISH LM. FORT MYERS FL 33905 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/12/1982		
	Principal Place of Business	al Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21					59-2250301	Not Applicable	
-	Suite, Apt. #, etc.			_	5, Certificate of Status Desired	\$8.75 Additional Fee Required	
54	State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Zip Country	Zip Co			8, This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered A	gent	
	BADGLEY GILBERT C		81	Name			
	10971 (RISH LANE FT. MYERS FL 33905		82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	FL	85 Zip Code	
11	 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	e of Florida. Such change was authorize	ed by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered pintment 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 in applicable. (NOTF: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	/	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12						
TITLE	VST V	DELETE	1.1 TITLE		☐ Change ☐ Addition						
NAME	DOERR, DAWN R		1.2 NAME								
STREET ADDRESS	2169 WYANDOTTE AVE		1.3 STREET ADDRESS								
CITY-ST-ZIP	ALVA FL		1.4 CITY-ST-ZIP								
TITLE	P	DEFELE	2.1 TITLE		☐ Change ☐ Addition						
NAME	HOPPLE, DEBORAH A		2.2 NAME		ł						
STREET ADORESS	10871 IRISH LANE		2.3 STREET ADDRESS								
CITY-ST-ZIP	FT MYERS, FL 00000		2 4 CITY-ST-ZIP								
TITLE		DELETE	3.1 TITLE	V	_ Change Addition						
NAME			3.2 NAME	Phillip Thrasher	165						
STREET ADDRESS			3.3 STREET ADDRESS	Phillip Thrasher (n PO Box 1016 Lehigh Acres, FL 339	14)						
CITY-ST-ZIP			3.4. CITY - ST - ZIP	Lehigh Acres FL 339	7/						
TITLE		DELETE	4.1 TITLE	J	Change Addition						
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition						
NAME)		Ĭ	5.2 NAME		}						
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 C(TY-SY-Z)P								
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition						
NAME			6.2 NAME		}						
STREET ADDRESS			6.3 STREET ADDRESS								
				1							

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 occurred 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 chapted, or on an attach right with an address. Deborah A. Hopple