FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 4:02

DOCUMENT # **H51968** **(6)**

1. Corporation Name
IRON PEDDLERS HOLDING, INC.

Principal Place of Business	Mailing Address
P O BOX 1309 MONROE NC 28111	P O BOX 1309 MONROE NC 28111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1465011	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 _____ DATE _____
(Signature (typed or printed name) of Registered Agent and the date signed) NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CATES, ARTHUR K	12 NAME		
STREET ADDRESS	8514 KILEY COURT	13 STREET ADDRESS		
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BROOME, TOMMY L	22 NAME	Broome, Tommy L	
STREET ADDRESS	PO BOX 1309	23 STREET ADDRESS	P.O.Box 1309 N/A	
CITY ST ZIP	MONROE NC	24 CITY ST ZIP	Monroe, NC 28111	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	SUTTON, JERRY	32 NAME	Sutton, Jerry	
STREET ADDRESS	P O BOX 1309	33 STREET ADDRESS	P.O.Box 1309 N/A	
CITY ST ZIP	MONROE NC	34 CITY ST ZIP	Monroe, NC 28111	
TITLE	VP	41 TITLE	VP	☒ Change ☐ Addition
NAME	NIVENS, JOHN D	42 NAME	Nivens, John D.	
STREET ADDRESS	3940 AYSCOUGH RD	43 STREET ADDRESS	2107 Fowler Secreast Road	
CITY ST ZIP	CHARLOTTE NC	44 CITY ST ZIP	Monroe, NC 28110	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jerry Sutton Jerry Sutton 3/23/95 704-283-9492
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Daytime Phone #)