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Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18629 (8)

1. Corporation Name

Southeastern Council of Ironworker Employers, Inc.

Principal Place of Business

c/o Robert D. Edwards  
1040 N.W. 70th Way  
Plantation, FL 33313-6034

Mailing Address

Robert D. Edwards  
1040 N.W. 70th Way  
Plantation, FL 33313-6034

3. Date Incorporated or Qualified  
01/06/87

3a. Date of Last Report  
04/19/98

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number  
59-2792290

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

9. Name and Address of Current Registered Agent

Robert D. Edwards  
1040 N.W. 70th Way  
Plantation, FL 33313-6034

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME EDWARDS, ROBT. D.  
STREET ADDRESS 1040 N.W. 70th Way  
CITY-ST-ZIP Plantation, FL

TITLE VSD  
NAME Michael J. Edwards  
STREET ADDRESS 5585 Donnelly Circle  
CITY-ST-ZIP Orlando, FL

TITLE D  
NAME Sheffield, Billy  
STREET ADDRESS 465 Canaveral Groves Blvd.  
CITY-ST-ZIP Cocoa, FL

TITLE D  
NAME Bostic, Hugh  
STREET ADDRESS 7990 NW 60th Street  
CITY-ST-ZIP Miami, FL

TITLE D  
NAME Allen, George  
STREET ADDRESS 8725 Bellingrath Rd.  
CITY-ST-ZIP Theodore, AL

TITLE D  
NAME ~~Sanders, Ken~~  
STREET ADDRESS ~~2997 Sunset Blvd, Ste 100~~  
CITY-ST-ZIP ~~West Columbia, SC~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Robert D. Edwards, Pres/Trea/D

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-583-8392

Daytime Phone #

CR2E037 (9/96)