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Apr 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N18629 (8)

1. Corporation Name

SOUTHEASTERN COUNCIL OF IRONWORKER EMPLOYERS, IN
C.

Principal Place of Business

Mailing Address

% ROBERT D. EDWARDS
1040 N.W. 70TH WAY
PLANTATION FL 33313-6034

% ROBERT D. EDWARDS
1040 N.W. 70TH WAY
PLANTATION FL 33313-6034

3. Date Incorporated or Qualified

01/06/1987

4. FEI Number

59-2792290

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current 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 Agent

EDWARDS, ROBERT B.
1040 N.W. 70TH WAY
PLANTATION FL 33313

81 Name Michael J. Edwards

82 Street Address (P.O. Box Number is Not Acceptable)
5585 Donnelly Circle

83

84 City Orlando

FL

85 Zip Code
32821

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 Michael J. Edwards Michael J. Edwards, VP/Sec/Dir.

3/26/98

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 PTD
NAME EDWARDS, ROBERT D.
STREET ADDRESS 1040 N.W. 70TH WAY
CITY-ST-ZIP PLANTATION FL ☐ DELETE

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

TITLE VSD
NAME MICHAEL J EDWARDS
STREET ADDRESS 5585 DONNELLY CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

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

TITLE D
NAME SHEFFIELD, BILLY
STREET ADDRESS 465 CANAVERAL GROVES BLVD.
CITY-ST-ZIP COCOA FL ☐ DELETE

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

TITLE D
NAME HUGH BOSTIC
STREET ADDRESS 7990 NW 60TH STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE D
NAME GEORGE ALLEN
STREET ADDRESS 8725 BELLINGRATH ROAD
CITY-ST-ZIP THEODORE AL ☒ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Edwards Robert D. Edwards, PTD

3/26/98

954-583-8392

CR2E037 (10/97)