

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
www.flsos.state.fl.us

DOCUMENT # P94000078779 (3)

For the Corporation Name

IRON WEDGE INVESTMENTS, INC.

APPROVED
AND
FILED

9 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Report (Required)	3a. Date of Last Report
10/26/1994	
4. FEI Number	4a. Applies For
59-3296472	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 failed, for information tax under 5, Chapter 19, Florida Statutes.	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. 2408 DIEHL DRIVE TALLAHASSEE FL 32308	26. 2408 DIEHL DRIVE TALLAHASSEE FL 32308
22. State: Apt. # etc.	27. State: Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	
PFEIL, JAMES A 2408 DIEHL DRIVE TALLAHASSEE FL 32308	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.08(2) and 607.12(9), 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 this appointment as registered agent. I am a resident of the State of Florida and my qualifications are as follows: (Chapter 19, Florida Statutes)

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

Signature of Director

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS	
NAME	D PFEIL, JAMES A 2408 DIEHL DRIVE TALLAHASSEE FL 32308	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE	D KING, WILLIAM P.O. BOX 2446 N/A THOMASVILLE GA 31792	STATE	
NAME	D RIGGLE, DERRAL 110 S. SYCAMORE THOMASVILLE GA 31792	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report of this corporation and is available and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee of this corporation to execute this report as required by Chapter 19, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Pfeil