

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000078779 1. Corporation Name

IRON WEDGE INVESTMENTS, INC.

Principal Place of Business Mailing Address 576-C APPLEYARD LANE TALLAHASSEE FL 32304 5369 APPLEDORE LANE TALLAHASSEE FL 32308

FILED 99 SEP -1 AM 9: 33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				10/26/1994
2. Princip	pal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3296472 Not Applicable
Suite.	Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & 23	State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Ζιp	Country Zip Cou			8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
F	PFEIL, JAMES A		81	Name James A. PPEIL
5369 APPLEDORE LANE			82	Street Address (P.O. Box Number is Not Acceptable) 5364 APPLE DONG LANG
,	TALLAHASSEE FL 32308		83	
			84	City TALIMASSEE FL 85 Zip Code 8
11. Pursu	uant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes, the a	bove	named corporation submits this statement for the purpose of changing its registered

agent. I a		obligations of, Section 607.0505, Florid	a Statutes.) . A			·
SIGNATURE	JAMES A. PFE		anes	B. 8	للملأ	ઇ- - 31	-47	
12.	Signature, typed or printed name of registers OFFICER	ed agent and title if applicable. (NOTE: Re	egistered regenerature re			DATE GES TO OFFICERS A	ND DIRECTO	DC IN 12
TITLE	D	DELETE	1.1 TITLE	^	DOI HORSONAL	GES TO OFFICERS A	Change	Addition
NAME	PFEIL, JAMES A		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	KING, WILLIAM		2.2 NAME		600	002977	'226·	0
STREET ADDRESS	P.O. BOX 2446 N/A		2.3 STREET ADDRESS			-09/02/99	010721	001
CITY-ST-ZIP	THOMASVILLE GA 31792		2.4 CITY- ST-ZIP			****550.00	****5	50.00
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CHY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ 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			5.2 NAME					
STREFT ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					[
TITLE		☐ DELETE	6.1 TITLE			-	☐ Change	Addition
NAME			6.2 NAME					40
STREET ADDRESS			6.3 STREET ADDRESS	`				21

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. P. D. JAMES A. PPGIL

850-668-2440