Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90101 047 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011012

1. Corporation Name

IRONWORKS UNLIMITED, INC.

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Principal Place	e of Business	Mailing Address			i ibblibbl 118 iblat Blitt antit satet antit aa	IMI CIMME HAIR MAINE	HAIR HEL LEEL
2327 NE 19TH DR		P O BOX 5456					
GAINESVILLE FI	GAINESVILLE FL 32627-5456 US	VILLE FL 32627-5456		DO NOT WRITE IN TH	IIS SPACE		
us us					3. Date Incorporated or Qualifed		
					02/06/1995		
2. Principal Pl	2a. Mailing Address	Address		4. FEI Number	ļ -	plied For	
21		26		59-3291370		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		
22		27				<u> </u>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip Country		Zip Country		8. This corporation owes the current year		01005	
Zip	25	29 30	,,,,,		Personal Property Tax.		□No
24	9. Name and Address of Curren				10. Name and Address of New Registers	ed Agent	
	- Hams and Hams		81	Name			
WHITE, STEVE R			82	Stroot Ac	Idress (P.O. Box Number is Not Acceptable)		
2101 SW 79TH DR			62	Sueerad	LUIBSS (F.O. DOX NUMBER 15 NOT NOCOPICION)		
GAINESVILLE FL 32607			83				
			84	City		. 85 Zip C	Code
			1	} `	proporation submits this statement for the purpose	L	
	Signature, typed or printed name of registered ager		ared Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12.	P		.1 TITLE		7,000,000,000,000,000,000,000,000,000,0	Change	Addition
NAME I	WHITE, STEVE R		2 NAME				}
STREET ADDRESS	2101 SW 79TH DR	1	.3 STREE	T ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32697	1	.4 CITY-S	T-ZIP			
TITLE			.1 TITLE			Change	☐ Addition {
NAME	WHITE, STEVE R	2	.2 NAME				
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	.3 STREE	TADORESS -	, , .		
CITY-ST-ZIP	CHITCOVICEE 1 E		4 CITY-	ST-ZIP			Addition
TITLE	—		LI TITLE			☐ Change	Addition
NAME			2 NAME				ļ
STREET ADDRESS				TADDRESS			l
CITY-ST-ZIP			.4. CITY-:	sr-ZiP		☐ Change	Addition
TITLE			. 2 NAME			'	_
NAME STREET ADDRESS		L.		T ADDRESS			Ì
STREET ADDRESS! CITY-ST-ZIP		•	1.4 CITY-9				
TITLE	***************************************		i.1 TITLE			Change	Addition
NAME			.2 NAME				[
STREET ADDRESS] ;	3.3 STREE	T ADDRESS			Ì
C/TY-ST-ZIP			.4 CMY-S	T-ZIP			
TITLE		<u> </u>	1 TITLE			☐ Change	Addition
AJAN4T	ì	1 1	3.2 NAME	i i			ì

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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP