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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004464 (9)

I & I BUILDERS OF OKEECHOBEE, INC.

Principal Plac	e of Business	Mailing Address		-	- I HODINODI HAD ADINO BERNA BERNA BERNA BERNA BERNA BERNA DABIN BERNA DABIN ENGAD BANNA BANNA BANNA
P O BOX 2773			P O BOX 2773		
OKEECHOBEE FL 34973-2773			OKEECHOBEE FL 34973-2773		
					3. Date Incorporated or Qualified 3a. Date of Last Report 01/16/1996
· ·	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	D	26			65-0638055 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & Stat	0	City & State			Fee Required
23	·	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
7 _(D)	Country	2 ip	Countr		This corporation has liability for intangible tax under s. 199.032,
24	25		30	•	Florida Statutes X Yes \(\sum \) No
L=.1.1	9. Name and Address of Curre		1		10. Name and Address of New Registered Agent
LAW	OFFICES OF DAVID M. PICCO		81	Nan	ame
	E INDIANTOWN RD, SUITE 316		82	Stro	reet Address (P.O. Box Number is Not Acceptable)
	ITER FL 33477			Sire	reet Address (r. C. Dox reutriber is redt Acceptable)
			83		
			84	City	ity 85 Zip Code
44 D	15-6-700	00 - 1 007 4000 Fb 24- 000			
office or r agent. La	to the provisions or sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	oz and 607.1508, Florida Statutes e of Florida Such change was au gations of, Section 607.0505, Flor	s, the abov uthorized b ida Statute	e-nam y the c s.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or per both area of registered ag OFFICE DS AN	pent and liftie Lapplicable (NOTE: ND DIRECTORS	Hegistered Ap	en) signa	anature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THUE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	IRELAND, DALE JR	La Petere	1.2 NAME		Circulat Circulat
STREET ADDRESS	P O BOX 2773 N/A		1.3 STREE	r anners	2000
CHTY -ST - ZIP	OKEECHOBEE FL 34973-277	3	1.4 CITY-		
TITLE	VD	☐ DELETE	2.1 TITLE	31 - ER	Change Addition
NAMÈ	IRELAND, RICHARD		2.2 NAME		
STREET ADORESS	P O BOX 2773 N/A		2.3 STREE	F ADDRES	PERS.
City-St-ZiP	OKEECHOBEE FL 34973-2773	3	2. 4 CITY-		
TITLE	TSD	DELETE	3.1 TITLE		Change Addition
NAME	IRELAND, BETTY A		3.2 NAME		
STREET ADDRESS	P O BOX 2773 N/A		3.3 STREE	ADDRES	NESS I
CITY-ST-2IP	OKEECHOBEE FL 34973-2773	3	3.4. CITY-		i i
BITLE	The state of the s	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREE	ADDRES	NESS
CITY - ST - ZIP			4.4 CITY -	ST-ZIP	,
Title		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRES	NESS
CITY+S*+ZIP			5.4 CITY-3	ST-ZIP	1
THILE		DELETE	6.1 TITLE		Change Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREE	ADDRES	NESS
C.15 C) 310					

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

Dale Ireland Jr 1-28-97 941-357-1657