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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000014949**  
1. Corporation Name  
**IRONS CONTRACTORS, INC.**

Principal Place of Business Mailing Address  
**8301 N.W. 38TH ST.**  
**CORAL SPRINGS, FL.**  
**33065** **SAME**

2. Principal Place of Business 2a. Mailing Address  
21 **8301 N.W. 38TH ST.** 26  
State, Apt. #, etc. Sute, Apt. #, etc.  
22 City & State 27 City & State  
23 **CORAL SPRINGS, FL** 28  
Zip Country Zip Country  
24 **33065** 25 **Broward** 29 30

3. Date Incorporated or Qualified **2-16-96** 3a. Date of Last Report **2-16-96**  
4. FEI Number **65-0650049** Applied For  
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 liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FRANK W. IRONS III**  
**8301 N.W. 38TH ST.**  
**CORAL SPRINGS, FL. 33065**

10. Name and Address of New Registered Agent  
81 Name **FRANK W. IRONS III**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **8301 N.W. 38TH ST.**  
84 City **CORAL SPRINGS FL** 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JAMES S. HASTON</b>
STREET ADDRESS	<b>419 N.W. 104TH AV.</b>
CITY, ST., ZIP	<b>CORAL SPRINGS, FL. 33071</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FRANK W. IRONS III</b>
1.3 STREET ADDRESS	<b>8301 N.W. 38TH ST.</b>
1.4 CITY, ST., ZIP	<b>CORAL SPRINGS, FL. 33065</b>
2.1 TITLE	<b>BILL GUILLOT VICE-PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>297 NW. 111TH AV.</b>
2.3 STREET ADDRESS	<b>CORAL SPRINGS FL</b>
2.4 CITY, ST., ZIP	<b>33065</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST., ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST., ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST., ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400002195864</b>
6.3 STREET ADDRESS	<b>-05/30/97--01034--023</b>
6.4 CITY, ST., ZIP	<b>***165.00</b>

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.

SIGNATURE **FRANK W. IRONS III** **4/21/97** **951-342-1647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)