


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

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 # <i>P96000014949</i> 1. Corporation Name <i>IRONS Contractors, INC.</i>			
Principal Place of Business <i>8301 N.W. 38th St.</i> <i>Coral Springs, FL.</i> <i>33065</i>		Mailing Address <i>SAME</i>	
2. Principal Place of Business 21 <i>8301 N.W. 38th St.</i> Suite, Apt. #, etc. 22 City & State 23 <i>Coral Springs, FL</i> Zip 24 <i>33065</i>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <i>2-16-96</i> 3a. Date of Last Report <i>2-16-96</i> 4. FEI Number <i>65-0650049</i> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <i>Frank W. Irons III</i> <i>8301 N.W. 38th St.</i> <i>Coral Springs, FL. 33065</i>		10. Name and Address of New Registered Agent 81 Name <i>Frank W. Irons III</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>8301 N.W. 38th St.</i> 84 City <i>Coral Springs</i> FL 85 Zip Code <i>33065</i>	
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 reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <i>SECRETARY</i> <input checked="" type="checkbox"/> DELETE NAME <i>JAMES S. HASTON</i> STREET ADDRESS <i>419 N.W. 104th Av.</i> CITY-ST-ZIP <i>CORAL SPRINGS, FL. 33071</i> 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <i>FRANK W. IRONS III</i> 1.3 STREET ADDRESS <i>8301 N.W. 38th St.</i> 1.4 CITY-ST-ZIP <i>CORAL SPRINGS, FL. 33065</i> 2.1 TITLE <i>BILL GUILLOT VICE-PRES.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>297 NW. 111th Av.</i> 2.3 STREET ADDRESS <i>CORAL SPRINGS FL</i> 2.4 CITY-ST-ZIP <i>33065</i> 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 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 <i>Frank W. Irons III</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/21/97</i> Daytime Phone # <i>954-342-1654</i>	

CR2E034 (9/96)