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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000015378 (8)

IMPACT RESOURCE GROUP, INC.

Principal Place of Business Mailing Address P.O. BOX 807 P.O. BOX 807 LAKELAND FL 33802-0807 LAKELAND FL 33802-0807 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3364344 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No Country 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRELL, JACK R JR 720 KRAFT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 32801 83 R4 City Zip Code 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 Signature, typed or ponted name of registered agent and the if applicable (NOTE: Registered Agent is guature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE PD DELETE 1.1 TrILE Change Addition HARRELL, JACK R JR NAME 1.2 NAME P.O. BOX 807 N/A STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33802-0807 CITY-ST-ZIP 1,4 C(1Y - S1 - Z)F DELETE Change Addition TITLE 211011 MARTIN, STEVE 2.2 NAME P.O. BOX 807 N/A STREET ADDRESS 23 STREE! ADDRESS LAKELAND FL 33802-0807 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE HARRELL, JACK R SR NAME 3.2 NAME P.O. BOX 807 N/A STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 33802-0807 CITY-ST-ZIP 3 4. C(1) - S1 - Z(F DELETE Change Addition TITLE 4.1 THLE 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - ZIP DELETE Addition TITLE 51 THLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

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 ayachment with an address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the