

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102687 (6)

1. Corporation Name  
**IRON EAGLE, INC.**



Principal Place of Business <b>323 WATER ST APALACHICOLA FL 32329</b>	Mailing Address <b>P O BOX 506 APALACHICOLA FL 32329-0506</b>
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2. Principal Place of Business 21 <b>323 Water St.</b>		2a. Mailing Address 26 <b>P.O. Box 506</b>		3. Date Incorporated or Qualified <b>12/18/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3419801</b>	Applied For Not Applicable
22 City & State 23 <b>Apalachicola, Florida</b>		27 City & State 28 <b>Apalachicola, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>32329</b>		29 Zip <b>32329</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> Added to Fees
25 Country <b>Franklin</b>		30 Country <b>Franklin</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILLENDER, BRUCE 323 WATER ST APALACHICOLA FL 32329</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLENDER, BRUCE			1.2 NAME			
STREET ADDRESS	323 WATER ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32329			1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MILLENDER, ANGELINE			2.2 NAME			
STREET ADDRESS	323 WATER ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32329			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	MILLENDER, ANGELINE			3.2 NAME			
STREET ADDRESS	323 WATER ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32329			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angeline Millender* 3/12/97

CR2E034 (9/96)