

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90012 048 \*\*\*150.00

DOCUMENT #

1. Corporation Name

Iron Horse Fabrications, Inc  
PQ8000082102

Principal Place of Business

Iron Horse Fabrications  
3211 W. Beaver St  
Jacksonville, FL 32205

Mailing Address

Iron Horse Fabrications  
13637 Beach Blvd  
Jacksonville, FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-22-98

4. FEI Number

59-3525318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

3211 W. Beaver St

Suite, Apt. #, etc.

JAX, FL

City & State

Zip 32205

Country

25

2a. Mailing Address

13637 Beach Blvd

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

Zip 32246

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hunter Lewis B. Jr.  
4209 Bay Meadows RD #2  
Jacksonville, FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AKel, Fred A. President ☐ DELETE  
13637 Beach Blvd  
Jacksonville, FL 32246

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AKel, Kibbee S ☒ DELETE  
[Address blank]

TITLE NAME STREET ADDRESS CITY-ST-ZIP

[Blank entry] ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

[Blank entry] ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

[Blank entry] ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

[Blank entry] ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

Daytime Phone #

CR2E034 (11/98)