

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 359138 (5)**  
 1. Corporation Name  
**ACTION WELDING SUPPLY, INC.**



Principal Place of Business <b>6683 STUART AVE.                  JACKSONVILLE FL 32254-3593                  US</b>	Mailing Address <b>P.O. BOX 37089                  JACKSONVILLE FL 32236-7089                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1970</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1281801</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARTER, D. SHERON                  6683 STUART AVENUE                  JACKSONVILLE FL 32254</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				FL	

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 607.0506, 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	ST <input type="checkbox"/> DELETE	1.1 TITLE	V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, EVELYN H	1.2 NAME	Fine, Robert D.
STREET ADDRESS	6683 STUART AVE	1.3 STREET ADDRESS	1301 Atlanta Ave.
CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, D SHERON	2.2 NAME	
STREET ADDRESS	6683 STUART AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RICHARD A	3.2 NAME	
STREET ADDRESS	6683 STUART AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Scott A.	4.2 NAME	
STREET ADDRESS	6683 Stuart Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32254	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Kent D.	5.2 NAME	
STREET ADDRESS	6683 Stuart Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32254	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven R. Carter	6.2 NAME	
STREET ADDRESS	6683 Stuart Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32254	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: *D. Sheron Carter* 5/30/98 904-786-2254

CR2E034 (10/97)