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Secretary of State

03-01-1999 90025 024 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 359138

1. Corporation Name
ACTION WELDING SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 6683 STUART AVE.
 JACKSONVILLE FL 32254-3593
 US

Mailing Address
 P.O. BOX 37089
 JACKSONVILLE FL 32236-7089
 US

3. Date Incorporated or Qualified
02/04/1970

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
59-1281801

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, D. SHERON
 6683 STUART AVENUE
 JACKSONVILLE FL 32254

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **ST**
CARTER, EVELYN H
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JAX, FL 00000**

1.1 TITLE Change Addition
 1.2 NAME **V.P.**
FINE, ROBERT D.
 1.3 STREET ADDRESS **1212 CHELSEA PL**
 1.4 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE DELETE
 NAME **PD**
CARTER, D SHERON
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JAX, FL 00000**

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

TITLE DELETE
 NAME **V**
CARTER, RICHARD A
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JAX, FL 00000**

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

TITLE DELETE
 NAME **V**
CARTER, SCOTT A
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

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

TITLE DELETE
 NAME **V**
CARTER, KENT L
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

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

TITLE DELETE
 NAME **V**
CARTER, STEVEN R
 STREET ADDRESS **6683 STUART AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

Date **2/6/99** Daytime Phone # **904-786-2254**

CR2E034 (1/98)