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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 644657

(9)

SEMINOLE MACHINE & WELDING, INC.

| 2. Principal Place of Suite, Apt. #, etc.  City & State  Zip  2. Principal Place of Suite, Apt. #, etc. 2. City & State 3. Zip 2.4 |   | 24. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28                            |  |                            |   | Date Incorporated or Qualified     11/08/1979     FEI Number     59-1963965            | 3a. Date of La<br>06/25/199                                    |                                  | ······································ |
|--|---|--|--|----------------------------|---|--|--|----------------------------------|--|
| 2. Principal Place of Suite, Apt. #, etc. 22 City & State 23 Zip   | Country   | 26 Suite, Apt. #, etc. 27 City & State   |  |                            |   | 11/08/1979<br>4. FEI Number  |  | 6<br>Applied Fo                  | ·····                                  |
| Suile, Apt. #, etc. City & State  Zip 24   | Country   | 26 Suite, Apt. #, etc. 27 City & State   |  |                            |   |  |  | <del></del>                      | Y                                      |
| Suile, Apt. #, etc.  22 City & State  Zip  24  | Country   | City & State   |  |                            |   |  |  |                                  |  |
| City & State  23  Zip  24  | · · · · · · · · · · · · · · · ·   | <b>├</b> ── <b>₁</b> '   |  | Suite, Apt. #, etc.        |   |  | 5. Certificate of Status Desired S8.75 Additional Fee Required |                                  |  |
| Zip<br>24  | · · · · · · · · · · · · · · · ·   |  |  | , ,                        |   | Election Campaign Financing     Trust Fund Contribution                                |  | 00 May Be<br>led to Fees         | )                                      |
| 9. 1   | 1251  | Zip 29   | 30   | ountry                     | ,   | This corporation has liability for in Florida Statutes                                 | intangible tax und<br>Yes 🔲 No                                 | er s. 199.032                    | 2,                                     |
|  | 9. Name and Address of Current Registered Agent   |  |  |                            |   | 10. Name and Address of New Registered Agent   |  |                                  |  |
| MILLER, DA   | AWN M.  |  |  | 81                         | Name  |  |  |                                  |  |
| 9380 ULMERTON RD<br>LARGO FL 2484T   |   |  |  |                            |   |  |  |                                  |  |
|  |   |  |  | 82                         | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                                  |  |
| DINOTE   | . 01011   |  |  | 83                         |   |  |  |                                  |  |
|  |   |  |  | 84                         | City  | · · · · · · · · · · · · · · · · · · ·  | FL 85  | 32711                            | <br>                                   |
| 11. Pursuant to the poffice or register agent. I am fami   | provisions of Sections 607.05<br>red agent, or both, in the Stat-<br>iliar with, and accept the oblig | 02 and 607.1508, Florida S<br>e of Florida. Such change v<br>gations of, Section 607.050 | tatutes, the<br>vas authoriz<br>5, Florida S | above<br>zed by<br>tatutes | e-named cor<br>the corpora                            | poration submits this statement for the p<br>tion's board of directors. I hereby accep | ourpose of changing the appointment                            | ng its register<br>t as register | ed<br>ered                             |
| SIGNATURE  |   |  |  |                            |   |  |  |                                  |  |
|  | e, typed or printed name of registered as   |  |  |                            | uper erulangia tre                                    | ired when reinstating)   | DATE   |                                  |  |
| 12.  | OFFICERS AN   | ND DIRECTORS   | 13   |                            |   | ADDITIONS/CHANGES TO OFFICE  |  |                                  |  |
| THLE   | CD D448141  | ☐ DELETE   |  | TITLE                      |   |  | Chai   | nge 🔲 Add                        | aition                                 |
| 0000   | ER, DAWN M  |  | 1.2  | 2 NAME                     |   |  |  |                                  |  |
|  | ULMERTON RD   |  | 1.3  | STREET                     | ADDRESS   |  |  |                                  |  |
| 011131   | 30 FL   |  |  | CITY-S                     | 31-ZIP  |  |  |                                  |  |
| THE VP   | ED DEAN   | ☐ DELETE   | 1  | 2.1 TITLE                  |   |  | Chai   | ige L.J.Add                      | dition                                 |
|  | ER, DEAN  |  | 2.2  | 2 NAME                     |   |  |  |                                  |  |
|  | ULMERTON RD   |  | 2.3  | STREET                     | ADDRESS   |  |  |                                  |  |
| Dirit Of Lin   | 30 FL   |  |  | 4 CITY-                    | ST-ZIP  |  |  |                                  |  |
| TS VIII  |   | ☐ DELETE   | 3.1  | TITLE                      | . 1   |  | [_] Char   | nge 🔲 Add                        | adion                                  |

6.4 CITY-ST-ZIP

14. If 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 information indicated on this annual report or supplymental 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 depictory trustee enpowered 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 or an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY+ST-ZIP

**6.3 STREET ADDRESS** 

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS.

CHTY-ST ZIP

CITY-ST-ZIP

CITY-S1-762

PITLE

NAME

TILLE

TITLE

9380 ULMERTON RD

LARGO FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/1/97

**FILED** 

May 16 1997 8:00am

Secretary of State

V(3477885-055)

Спалде

Change

Change

Addition

Addition

Addition