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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 646894

1. Corporation Name

DON'S PORTABLE WELDING, INC.

Principal Place of Business Mailing Address							. 61811 61811 61811	B; B(; 0) 2 (() 44;
11326 POINSETTA 11326 POINSETTA								
RIVERVIEW FL 33569 RIVERVIEW FL 33569						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						12/03/1979		
2. Principal Pl	2a. Mailing Address	ling Address			4. FEI Number		plied For	
21		26				59-1969435		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
22		City & State					<u>-</u>	
City & State			28			6. Election Campaign Financing Trust Fund Contribution	-	May Be to Fees
Zip	Country	Zip	Count	iry		8. This corporation owes the current year i		
24	25	29 3	\neg			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Registere	d Agent	
			8	31	Name	•		
FREEMAN, DON R.			8	12	Street Address (P.O. Box Number is Not Acceptable)			
8616 MAGNOLIA DR				⊥				
GIBS	SONTON FL 33534		}8	33				Ì
			8	34	City	F	85 Zip Code	
						ration submits this statement for the purpose	_ , ,	rogistored
SIGNATURE	m familiar with, and accept the obligation of registered ager	it and title if applicable (NOTE: R	tegistered A		signature required (DIDEOT	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	Addition
TITLE	PD FOR D	☐ DELETE	1.1 TITL				Criange	
NAME	Freeman, Don R. 8616 Magnolia Dr		1.2 NAM		NDDOECC.			
STREET ADDRESS	GIBSONTON FL		1		ADDRESS 710	٠		
CITY-ST-ZIP TITLE	VPS	☐ DELETE	1.4 CITY- S 2.5 TITLE		ZIP	42/4-1-A	☐ Change	Addition
NAME :	FREEMAN, THERESA R.	, –					_ `	
STREET ADDRESS	8616 MAGNOLIA DR				NDDRESS			
CITY-ST-ZIP			2. 4 CIT					
TITLE		☐ DELETE	3.1 TITL				☐ Change	☐ Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	EET A	NODRESS			}
CITY-ST-ZIP			3.4. CIT	∕-\$T-	-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITL	E			Change	☐ Addition
NAME			4. 2 NAN	Æ	Ì			
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY		ZIP		Change.	Addition
TITLE		☐ DELETE	5.1 TITL				Change	
NAME			5.2 NAM		ADDRESS			
STREET ADDRESS			5.3 STR					
CITY-ST-ZIP		DELETE	6.1 TITL				Change	☐ Addition
HILE			6.2 NAM			•	_ •	}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP