OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

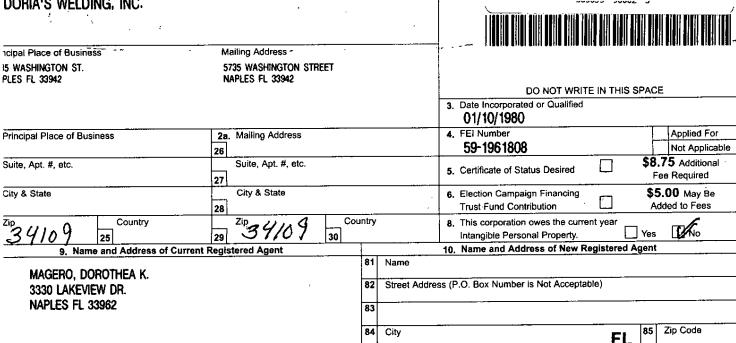
OCUMENT #

DORIA'S WELDING, INC.

15 WASHINGTON ST. PLES FL 33942

## FILED Jul 12, 1999 8:00 am Secrétary of State

07-12-1999 90002 003 \*\*\*550.00



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.

NATURE _	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating) DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
{	PD DELETE	1,1 TITLE	Change Addition
E	DORIA, ALBERT	1.2 NAME	
ET ADDRESS	6134 POLLY AVE.	1.3 STREET ADDRESS	
·ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
	ST DELETE	2.1 TITLE	Change Addition
E	DORIA VERONICA	2.2 NAME	The state of the s
ET ADDRESS	6134 POLLY AVE	23 STREET ADDRESS 24 CITY-ST-ZIP	
-ST-ZIP	NAPLES FL	24 CHIY ST-ZIP	
=	DELETE	3.1 TITLE	Change Addition
E		3.2 NAME	
ET ADDRESS		3.3 STREET ADDRESS	
-ST-ZIP		3.4 CITY-ST-ZiP	
=	DELETE	4.1 TITLE	Change Addition
E		4.2 NAME	
ET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	Bigging and the state of the st
Ε	DELETE	5.1 TITLE	Change Addition
E \		5.2 NAME	·
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP	
E	DELETE	6.1 TITLE	Change Addition
Ε		6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	
I bear the social that the information are still the filing does not qualify for the examption stated in section 119 07/3\(\text{i}\). Florida Statutes, I further certify that the information			

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 truetee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

**IGNATURE:** 

Date Daytime Phone #