FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **697438** **(0)**

1. Corporation Name

ROYAL-WELD & MFG., INC.

Principal Place of Business	Mailing Address
55A N CR 427 551 N CR 427 LONGWOOD FL 32750 US	551 N CR 427 UNIT 105 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: **08/04/1981**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **59-2133789** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 113 Applewood DR	26 113 Applewood DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Longwood, FL	28 City & State: Longwood, FL
24 Zip: 32750 25 Country: Seminole	29 Zip: 32750 30 Country: Seminole

9. Name and Address of Current Registered Agent

BRECKON, RIXON D.
551 N CR 427 #105
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Rixon D BreckOn

82 Street Address (P.O. Box Number is Not Acceptable): 400 Overstreet Ave

83

84 City: Longwood, FL 85 Zip Code: 32750

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: Rixon D. Breckon (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRECKON, RIXON D		1.2 NAME	
STREET ADDRESS	400 OVERSTREET AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRECKON, RIXON D		2.2 NAME	
STREET ADDRESS	400 OVERSTREET AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rixon D. Breckon Rixon D BreckOn 4/10/96 407-831-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #