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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
113 APPLEWOOD DRIVE
~~601 N. CR. 107~~
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified **08/04/1981** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 113 Applewood DR	26 Same	59-2133789	☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Longwood, FL	28 Longwood, FL	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 32750 25 FL	29 32750 30 FL	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RIXON D BRECKON
400 OVERSTREET AVENUE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	

14. I do 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.

SIGNATURE: **X** **Rixon D Breckon** **3/20/97** **407-831-7236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)