

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -4 AM 11:21

DOCUMENT # **857317** (2)  
1. Corporation Name  
**WELDED CONSTRUCTION COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**26903 ECKEL ROAD** **26903 ECKEL ROAD**  
**P.O. BOX 470** **P.O. BOX 470**  
**PERRYSBURG OH 43552** **PERRYSBURG OH 43552**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **08/04/1983** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **38-1810693** 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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
PD **MOGG, R.H.**  
**1663 WYANDOTTE**  
**MAUMEE OH**  
V **THORN, D.W.**  
**871 OAK KNOLL**  
**PERRYSBURG OH**  
ST **GIRKINS, D.R.**  
**7225 REGENTS PARK**  
**TOLEDO OH**  
D **THELE, M.L.**  
**3000 POST OAK BLVD.**  
**HOUSTON TX**  
D **GUNTHER, D.J.**  
**50 BEALE STREET**  
**SAN FRANCISCO CA**  
D **UNRUH, V.P.**  
**50 BEALE STREET**  
**SAN FRANCISCO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 110.07(3)(b), 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 or Block 14, or as an attachment with an address.

SIGNATURE: **DAVID R. GIRKINS** 3/27/95 419-874-3548  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR EMPLOYEE Date Signature Herein