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**Mar 25 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 # F93000005351 (2)

1. Corporation Name:
WORLD-WIDE WELDING, INC.



Principal Place of business: **RT 2 HWY 1954 WICHITA FALLS TX 76302 US**
Mailing Address: **155 CORPORATE PLACE VALLEJO CA 94590-6968 US**

3. Date Incorporated or Qualified: **11/24/1993** 3a. Date of Last Report: **07/17/1996**
4. FEI Number: **77-0293162** 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: **21 2315 MAIN STREET**
Suite, Apt. #, etc.:
22. City & State: **23 BAYTOWN, TEXAS**
Zip: **24 77520** Country: **25 US**
2a. Mailing Address: **26**
Suite, Apt. #, etc.:
27. City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent's signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	WOOD, RALPH B	
STREET ADDRESS	RT 2 HWY 1954	
CITY-ST-ZIP	WICHITA FALLS TX 76302	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VARDELL, JIMMY	
STREET ADDRESS	RT 2 HWY 1954	
CITY-ST-ZIP	WICHITA FALLS TX 76302	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRENCH, GARY	
STREET ADDRESS	RT 2 HWY 1954	
CITY-ST-ZIP	WICHITA FALLS TX 76302	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROWDER, GRAIG	
STREET ADDRESS	RT 2 HWY 1954	
CITY-ST-ZIP	WICHITA FALLS TX 76302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIENI, STEVE	
STREET ADDRESS	RT 2 HWY 1954	
CITY-ST-ZIP	WICHITA FALLS TX 76302	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2315 MAIN STREET
1.4 CITY-ST-ZIP	BAYTOWN, TX 77520
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2315 MAIN STREET
2.4 CITY-ST-ZIP	BAYTOWN, TX 77520
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2315 MAIN STREET
3.4 CITY-ST-ZIP	BAYTOWN, TX 77520
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2315 MAIN STREET
4.4 CITY-ST-ZIP	BAYTOWN, TX 77520
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2315 MAIN STREET
5.4 CITY-ST-ZIP	BAYTOWN, TX 77520
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESIDENT/DIRECTOR
6.3 STREET ADDRESS	JEFFREY WOOD
6.4 CITY-ST-ZIP	2315 MAIN STREET
	BAYTOWN, TX 77520

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: *[Signature]* DATE: **3/14/97** DAYTIME PHONE: **12764000**

CR2E034 (9/96)