

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J56298** (9)
1. Corporation Name
ALL DAVIE WELDING, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1987	3a. Date of Last Report 07/20/1994
4. FEI Number 59-2770988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
% GARY JONES 4685 SOUTHWEST 83RD TERRACE DAVIE FL		% GARY JONES 4685 SOUTHWEST 83RD TERRACE DAVIE FL	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, GARY 4685 SOUTHWEST 83RD TERRACE DAVIE FL				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY	12. NAME	
STREET ADDRESS	4685 SW 83RD TERRACE	13. STREET ADDRESS	
CITY, ST, ZIP	DAVIE FL	14. CITY, ST, ZIP	
TITLE	DS	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LINDA	22. NAME	
STREET ADDRESS	4685 SW 83RD TERRACE	23. STREET ADDRESS	
CITY, ST, ZIP	DAVIE FL	24. CITY, ST, ZIP	
TITLE	AS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHANNON L	32. NAME	
STREET ADDRESS	4685 SW 83 TERR.	33. STREET ADDRESS	
CITY, ST, ZIP	DAVIE FL	34. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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)(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: *Sandra B. Morrison* **4/24/95** **305-734-8420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number