

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne R. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J56298** (9)

1. Corporation Name:
ALL DAVIE WELDING, INC.



Principal Place of Business:
**% GARY JONES
4685 SOUTHWEST 83RD TERRACE
DAVIE FL**

2a. Mailing Address:
**% GARY JONES
4685 SOUTHWEST 83RD TERRACE
DAVIE FL**

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Reported to Quoted: **02/05/1987**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2770988**
5. Contribution of State 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JONES, GARY
4685 SOUTHWEST 83RD TERRACE
DAVIE FL**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.01(4)(a) of the Florida Statutes, the above named corporation is in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(4)(a) of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETED
NAME	JONES, GARY	
STREET ADDRESS	4685 SW 83RD TERRACE	
CITY, STATE, ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETED
NAME	JONES, LINDA	
STREET ADDRESS	4685 SW 83RD TERRACE	
CITY, STATE, ZIP	DAVIE FL	
TITLE	AS	<input type="checkbox"/> DELETED
NAME	JONES, SHANNON L	
STREET ADDRESS	4685 SW 83 TERR.	
CITY, STATE, ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true and correct, for the corporation and directors, for the except as stated in Section 190.032(4)(a) Florida Statutes. Further, I do hereby certify that the information included on this annual report or supplemental annual report is true and correct, 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 registered agent, as indicated by the certificate reported as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an annual report or annual fees.

SIGNATURE: *Gary Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

954-437-8420

CR2E034 (12/95)