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03 NOV 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67947

1. Entity Name
GUNN'S WELDING AND FABRICATING, INC.

300024851073
11/19/03--01020--021 **61.25

Principal Place of Business	Mailing Address
C/O ROBERT E. GUNN 4729 96TH ST N ST PETERSBURG, FL 33708-0738	C/O ROBERT E. GUNN 4729 96TH ST N ST PETERSBURG, FL 33708-0738
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2933429 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GUNN, ROBERT E.~~
~~8523 MOCKINGBIRD LANE NORTH~~
~~LARGO, FL 34647~~

7. Name and Address of New Registered Agent

Name: Judy C. Gunn-Larson
Street Address (P.O. Box Number Is Not Acceptable): 4729 96th St. N.
City: St. Pete FL Zip Code: 33708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Judy Gunn-Larson Secretary Treasurer [signature] 11/17/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE ANNUAL REPORT FEE $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR $ 61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUNN, ROBERT E. 8523 MOCKINGBIRD LANE SEMINOLE, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNN JR., ROBERT E. 8521 79TH AVE N SEMINOLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUNN-LARSON, JUDY 8390 KUMQUAT AVE N SEMINOLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joanne M. Gunn 8523 Mockingbird Lane Seminole, FL 33777	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Judy C. Gunn-Larson Sec.-Treasurer 11/17/03 727-393-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #