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Mailing Address

951 ALEXANDER AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013832

MERRELL WELDING, INC.

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME

951 ALEXANDER AVE PT ORANGE FL 32119 PT ORANGE FL 32119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/16/1995 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For not app<u>licable</u> Not Applicable 26 21 -\$8.75-Additional Suite, Apt. #, etc. - - -Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip 🗌 Yes □N₀ Personal Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name D'AGRESTA, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 82 111 N ORANGE AVE SUITE 875 83 ORLANDO FL 32801 84 City 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 signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE NAME MERRELL, RAUB 1.2 NAME 2221 HARVARD ROAD 1.3 STREET ADDRESS STREET ADDRESS SOUTH DAYTONA FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZiP CITY-ST-ZIF Addition Change DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition OELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

14. 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 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, of on an attachment with an address; with all other like empowered. Block 12 or Block 13 if changed, of on an attachment

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

Change

Addition

CR2E034 (11/98)