FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043392

1. Corporation Name
FEDERAL WELDING & REPAIR, INC.

Principal Place of Business	Mailing Address
101 ST ANDREWS STREET JACKSONVILLE FL 32254	101 ST ANDREWS STREET JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1997

4. FEI Number
59-3446396

[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired **X** — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ADAMS, MICHEALYN C
1125 13TH AVE NORTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if name is changed)

12. OFFICERS AND DIRECTORS		
TITLE	~~P~~	X DELETE
NAME	~~SINGLETON, MICHAEL T~~	
STREET ADDRESS	~~8029 BAGPIPE LANE~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32244~~	
TITLE	~~VP~~	X DELETE
NAME	~~SINGLETON, SCOTT S~~	
STREET ADDRESS	~~4442 RIVER TRAIL ROAD~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32277~~	
TITLE	~~S~~	[✓] DELETE
NAME	~~KINMAN, SANDRA L~~	
STREET ADDRESS	~~1196 PEBBLE RIDGE COURT~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32220~~	
TITLE	~~GM~~	[✓] DELETE
NAME	~~KINMAN, RALPH~~	
STREET ADDRESS	~~1196 PEBBLE RIDGE COURT~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32220~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	S	[ ] Change [✓] Addition
12 NAME	Melissa M. Singleton	
13 STREET ADDRESS	8029 Bagpipe Ln.	
14 CITY-ST-ZIP	Jacksonville, Fl 32244	
21 TITLE	T	[ ] Change [✓] Addition
22 NAME	Robert B. Fields	
23 STREET ADDRESS	434 Hayton Ave	
24 CITY-ST-ZIP	Orange Park, Fl 32073	
31 TITLE	P	[ ] Change [X] Addition
32 NAME	Michael T. Singleton	
33 STREET ADDRESS	8029 Bagpipe Lane	
34 CITY-ST-ZIP	Jacksonville, FL 32244	
41 TITLE	VP	[ ] Change [X] Addition
42 NAME	Scott S. Singleton	
43 STREET ADDRESS	4442 River Trail Road	
44 CITY-ST-ZIP	Jacksonville, FL 32277	
51 TITLE		[ ] Change [ ] Addition
52 NAME	700000284487--0	
53 STREET ADDRESS	-04/20/99--01044--019	
54 CITY-ST-ZIP	****158.75 ****158.75	
61 TITLE		[ ] Change [ ] Addition
62 NAME	4-15-99	
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael T Singleton 4/12/99 904-783 1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #