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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101259 (4)

Principal Place of Business	Mailing Address	
7109 S.E. BTH STREET OKEECHOBEE FL 34974	7109 S.E. 8TH STREET OKEECHOBEE FL 34974	
		<u> </u>

FILED Mar 23 1998 8:00am Secretary of State

SST CI	JSTOM FABRICATORS, INC	C.				
Principal Place	of Business	Mailing Address			ist words fivin floor view (400)	
7109 S.E. 8TH STREET 7109 S.E. 8TH STREET OKEECHOBEE FL 34974			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		
				12/02/1997		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	4	26		45-0810631	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid th		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Curre	nt Registered Agent	I	10. Name and Address of New Registe	ered Agent	
SW	EATT, DOROTHY J		81 Name			
	9 S.E. 8TH STREET		82 Street A	32 Street Address (P.O. Box Number is Not Acceptable)		
	EECHOBEE FL 34974		Oli Odi A	daloss (i.o. box rumber is not recopiable)		
			83			
			84 City		85 Zip Code	
					FL FL FL FL FL FL FL FL	
SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered by		uthorized by the corporida Statutes. : Registered Agent signature re	oration's board of directors. I hereby accept the	appointment as registered	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SWEATT, GEORGE L JR		1.2 NAME			
STREET ADDRESS	7109 S.E. 8TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY - ST - ZIP			
TITLE	VSD	DELETE	2.1 TITLE	PVD	Change Addition	
NAME	SWEATT, DOROTHY J		2.2 NAME			
STREET ADDRESS	7109 S.E. 8TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974		2. 4 CITY-ST-ZIP		77 449	
TITLE		DELETE	3.1 TITLE	T Pamela J.Elders	☐ Change ☑ Addition	
NAME			3.2 NAME	rameia s.e.aero 1277 sw 18 th Terr		
STREET ADDRESS						
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP (Okeechobee, Fl 34974	Change Addition	
TITLE			4.1 IIILE 4.2 NAME		La change La Mudition	
NAME CTOSET ADODESCS			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		• -	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY+ST+7IP			

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 changes, or on an attachment with an address.

SIGNATURE: