

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S32623 (8)**  
1. Corporation Name  
**JAMES BROCK WELDING, INC.**



DO NOT WRITE IN THIS SPACE

|  |                         |   |  |
|--|-------------------------|---|--|
| Principal Place of Business<br><b>3323 SWINDELL ROAD<br/>LAKELAND FL 33805</b> |                         | Mailing Address<br><b>3323 SWINDELL ROAD<br/>LAKELAND FL 33805</b>              |  |
| 2. Principal Place of Business   | 2a. Mailing Address     | 4. FEI Number<br><b>59-3050332</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 21. Suite, Apt. #, etc.  | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required  |
| 22. City & State   | 27. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees   |
| 23. Zip  | 28. Country             | 29. Zip   | 30. Country  |
| 24. Zip  | 25. Country             | 29. Zip   | 30. Country  |

3. Date Incorporated or Qualified  
**02/18/1991**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent  
**BROCK, JAMES A.  
3323 SWINDELL ROAD  
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PST              | <input type="checkbox"/> DELETE |
| NAME           | BROCK, JAMES     |                                 |
| STREET ADDRESS | 5011 LEWELLYN RD |                                 |
| CITY-ST-ZIP    | LAKELAND FL      |                                 |
| TITLE          | D                | <input type="checkbox"/> DELETE |
| NAME           | BROCK, JAMES     |                                 |
| STREET ADDRESS | 5011 LEWELLYN RD |                                 |
| CITY-ST-ZIP    | LAKELAND FL      |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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, or on an attachment with an address.

SIGNATURE: *James Brock* **JAMES Brock** 1-23-98 941-688-3316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0416920

CR2E034 (10/97)