

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K67947

**Entity Name:** GUNN'S WELDING AND FABRICATING, INC.

**Current Principal Place of Business:**

GUNN'S WELDING & FAB. C/O JC GUNN-LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 33708-0738

**Current Mailing Address:**

GUNN'S WELDING & FAB. C/O JC GUNN-LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 33708-0738

**FEI Number:** 59-2933429

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUNN-LARSON, JUDY C  
4729 96TH ST N  
ST PETERSBURG, FL 33708-0738 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GUNN, JOANNE M  
Address 8523 MOCKINGBIRD LANE  
City-State-Zip: SEMINOLE FL 33777

Title V  
Name GUNN, ROBERT EJ  
Address 8523 MOCKINGBIRD LANE  
City-State-Zip: SEMINOLE FL 33777

Title S  
Name GUNN-LARSON, JUDY C  
Address 8390 KUMQUAT AVE N  
City-State-Zip: SEMINOLE FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JUDY C GUNN-LARSON

SEC

03/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date