FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 298783 (2)

1. Corporation Name
JACKSONVILLE WELDING SUPPLY, INC.

Principal Place of Business	Mailing Address
2312 WEST BEAVER ST JACKSONVILLE FL 32209 US	BOX 40767 JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1965
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-1116081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T	☑ Change ☐ Addition
NAME	HATTEN, DAVID K	1.2 NAME	SNYDER, MARGARET A.	
STREET ADDRESS	2312 W BEAVER ST	1.3 STREET ADDRESS	2312 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HOEING, GARY	2.2 NAME	HOEING, GARY	
STREET ADDRESS	39 OLD RIAGEBURY RD	2.3 STREET ADDRESS	39 OLD RIDGEBURY RD	
CITY-ST-ZIP	DANBURN CT	2.4 CITY-ST-ZIP	DANBURY, CT	
TITLE	D	3.1 TITLE	S	☑ Change ☐ Addition
NAME	CLANCY, MARTY S	3.2 NAME	GULA, JAMES JOHN	
STREET ADDRESS	39 OLD RIDGEBURY RD	3.3 STREET ADDRESS	2312 W BEAVER ST	
CITY-ST-ZIP	DANDURY CT	3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, ALEXANDER M.	4.2 NAME		
STREET ADDRESS	2312 W. BEAVER ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, BILLY ROCHE	5.2 NAME		
STREET ADDRESS	2312 W BEAVER ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, BILLY RAMSEY	6.2 NAME		
STREET ADDRESS	338 QUAIL POINT CIR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Margaret A. Snyder Margaret A. Snyder 02/27/95 904-388-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408126 FP