FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **298783** **(2)**

1. Corporation Name

JACKSONVILLE WELDING SUPPLY, INC.

Principal Place of Business	Mailing Address
2312 WEST BEAVER ST JACKSONVILLE FL 32203 US	BOX 40787 JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: **11/15/1965**
3a. Date of Last Report: **03/02/1995**
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

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 / Country 24 / 25	Zip / Country 29 / 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SNYDER, MARGARET A		1.2 NAME	Skillern, 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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOEING, GARY		2.2 NAME		
STREET ADDRESS	39 OLD RIDGEBURY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURN CT		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GULA, JAMES J		3.2 NAME		
STREET ADDRESS	2312 W BEAVER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E034 (12/95)

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: By R Bryant Billy R. Bryant 03/01/96 904-388-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #