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 APR 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317140 (2)

1. Corporation Name
CRUMPTON WELDING SUPPLY AND EQUIPMENT, INC.

Principal Place of Business	Mailing Address
AND EQUIPMENT INC 1602 - 34TH STREET TAMPA FL 33605	1602 N. 34TH ST. TAMPA FL 33605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/29/1967	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1170292	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	7. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRUMPTON,CHARLES E
606 SUPERIOR AVE.
TAMPA FL 33606

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	STD	1.1 TITLE		☑ Change ☐ Addition
NAME	CRUMPTON, FRANKIE B	1.2 NAME		
STREET ADDRESS	9240 52ND ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	P	2.1 TITLE		☑ Change ☐ Addition
NAME	CRUMPTON, CHARLES E	2.2 NAME		
STREET ADDRESS	606 SUPERIOR AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	V	3.1 TITLE		☑ Change ☐ Addition
NAME	CRUMPTON, JAMES M.	3.2 NAME		
STREET ADDRESS	4803 98TH AVE.	3.3 STREET ADDRESS	16101 SEXTON COURT.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: [signature] 4-13-95 813-248-8150
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

085B00 CP