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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State + DIVISIÓN OF CORPORATIONS

DOCUMENT # 317140

CRUMPTON WELDING SUPPLY AND EQUIPMENT, INC.

Principal Place of Business AND EOUIPMENT INC 1802 - 34TH STREET TAMPA FL 33605		Mailing Address 1602 N. 34TH ST. TAMPA FL 33605-5763 US					
					3. Date incorporated or Qualified 05/29/1967	3a. Date of Last Report 01/24/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1170292	Not Applicable \$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & Sta	le	City & State		Etection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Z(p)	Countr	y	8. This corporation has liability for in		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent	
CRUMPTON,CHARLES E 608 SUPERIOR AVE. TAMPA FL 33606			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			84	City	T) An	FL 85 Zip Code	
SIGNATURE	Signature, typod or printed name of registered a	gers and tire if applicable (NC ND DIRECTORS	DIE: Fransiered Ag	ent signature requ	ind when ministaling) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12	
TITLE	STD	DELETE	1.1 111.		7,551,161,16,161,171,161,171,171	Change Addition	
NAME	CRUMPTON, FRANKIE B	_	1.2 NAME			•	
STREET ADDRESS	9240 52ND ST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITÝ -	S1-2IP			
TITLE	P	DELETE	2 1 107 LE			Change Addition	
NAME	CRUMPTON, CHARLES E		2 2 NAME				
STREET ADDRESS	606 SUPERIOR AVE.			T ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	S1-ZIP			
TITLE	ON HIDTON HAREO M	☐ DECETE	311111			Change Addition	
NAME	CRUMPTON, JAMES M.		3.2 NAME				
STREET ADDRESS	16101 SEXTON COURT			1 ADDRESS			
CITY-ST-ZIP	IAMPA FL	☐ DELETE	3.4 CITY	S1-ZIP		Change Addition	
TITLE NAME		□ Dett (t	4 1 TITLE 4 2 NAME	1		□ CHAUGE □ ADOUGO	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 City - 5.1 Till E	51-7IF		Change Addition	
NAME		C out	5.2 NAME			ET CHANGE ET MORROR	
STREET ADDRESS				LADORESS			
CITY-ST-ZIP			5.4 CITY-				
TOTAL TOTAL		DOLETS	54 0114-	or - (Ir-		Change Addition	

6.4 CITY - ST- 2IP 14. I do 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

6.3 STREET ADDRESS

6.2 NAME