2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM 317140 DOCUMENT # 1. Entity Name **Secretary of State** CRUMPTON WELDING SUPPLY AND EQUIPMENT, INC. Principal Place of Business Mailing Address AND EQUIPMENT INC 1602 N. 34TH ST. 1602 - 34TH STREET TAMPA FLA TAMPA FLA 33605 33605 US 2. Principal Place of Business 3. Mailing Address AND EQUIPMENT INC 1602 N. 34TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1602 - 34TH STREET City & State City & State 4. FEI Number Applied For FL TAMPA TAMPA 59-1170292 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33605 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUMPTON CHARLES 608 SUPERIOR AVE. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL33606 US Zip Code 8. 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CRUMPTON, JAMES M. MAME NAME STREET ADDRESS 18127 REGENTS SQUARE DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME CRUMPTON, CHARLES E NAME STREET ADDRESS 608 SUPERIOR AVE. STREET ADDRESS CITY-ST-ZIP TAMPA \mathbf{FL} CITY-ST-ZIP X Delete TITLE ☐ Change ☐ Addition CRUMPTON, FRANKIE B NAME STREET ADDRESS 9240 52ND ST STREET ADDRESS CITY-ST-ZIP TAMPA FLCITY-ST-ZIP TITLE ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: __JAMES M. CRUMPTON 04/27/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

NORWOOD L. CLEMENS 313 DEER PARK

TEMPLE TERRACE, FL 33617