FILED 2003 FOR PROFIT CORPORATION Mar 18, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 321709 DOCUMENT # 1. Entity Name 03-18-2003 90069 033 ***150.00 CANNON WELDING, INC. Principal Place of Business Mailing Address 6150 RICHARD ST 6150 RICHARD ST JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-1283163 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIPS.ORREN K Street Address (P.O. Box Number is Not Acceptable) 6150 RICHARD ST JACKSONVILLE FL 32216 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition THTLE ☐ Delete TITLE PHILLIPS, ORREN K NAME NAME 6150 RICHARD ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE ST PHILLIPS, PAT NAME NAME STREET ADDRESS 6150 RICHARD ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

CITY-ST-ZIP

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TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

☐ Delete

Delete

3-14-03

Daytime Phone #

Change

Change

☐ Addition

☐ Addition