

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 324485 (2)

1. Corporation Name  
POLK WELDING AND ERECTION CO INC



Principal Place of Business

3390 HWY 17 NORTH  
P.O. BOX 1580  
BARTOW FL 33830

Mailing Address

3390 HWY 17 NORTH  
P.O. BOX 1580  
BARTOW FL 33830

2. Principal Place of Business

21 3390 US HWY 17 NORTH  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1580  
Suite, Apt. #, etc.

22 City & State

23 BARTOW, FLORIDA

27 City & State

28 BARTOW, FLORIDA

24 Zip

33830

25 Country

Polk

29 Zip

33831

30 Country

Polk

9. Name and Address of Current Registered Agent

ROUSE, FRANK J.  
680 EAST MAIN STREET  
BARTOW FL 33830

3. Date Incorporated or Qualified

12/27/1967

3a. Date of Last Report

03/17/1995

4. FLE Number

59-1270217

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remodeling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P HOWELL, GEORGE W. 1335 SPRING CT BARTOW FL

S ROUSE, FRANK J. 1985 EL PASO AVENUE BARTOW FL

T HOWELL, DEAN W. 1335 SPRING CT BARTOW FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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:

*George W. Howell*  
GEORGE W. HOWELL, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(941) 533-2188

CR2E034 (12/95)