PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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1. Corporation Name

ACTION WEIGHNO CHIRDLY INC

	WELDING SUPPLY, INC.								
Principal Place	e of Business	Mailing Addre	ss				51 0 1 (814 A)841 A		21011 24241 1861
6683 STUART A	AVE.	P.O. BOX 3708		_					
JACKSONVILLE FL 32254-3593 JACKSONVILLE I		VILLE FL 32236-7089		DO NOT WR	DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed					
						02/04/1970			ļ
2. Principal P	lace of Business	2a. Mailing Ad	dress	·		4. FEI Number		Ap	oplied For
21		26				59-12818 <u>01</u>		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	<u> </u>		Additional
22		27				5. Octavolic by Claids Dobited			equired
City & Stat	θ	City & Sta	te			6. Election Campaign Financing			-May Be
23		28		-		Trust Fund Contribution			to Fees
Žip	Country	Zip	F.	Country	<i>'</i>	8. This corporation owes the cur	rent year int	angible □ Yes	□No
24	25	29	30	0		Personal Property Tax. 10. Name and Address of New	Registered		
	9. Name and Address of Curre	nt Registered Ager		81	Name	IV. Halite and Addiess of New	registores.		
CAR'	ter, D. Sheron				_				
	STUART AVENUE			82	Street Ad	dress (P.O. Box Number is Not Accept	lable)]
	KSONVILLE FL 32254			83					_
				84	City		FL	85 Zip	Code
office or r	egistered agent or both in the State	an Fiorida Such ch	anga was auth	porized by	the corner	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
agent. I a SIGNATURE	m familiar with, and accept the oblig.	ations of, Section 60	7.0505, Florid: _	a Statutes	š. 	rired when reinstating)	DATE		
agent. I a	Signature, typed or printed name of registered age	ations of, Section 60	7.0505, Florid: _	a Statutes	š. 		DATE		DRS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 60 ent and title if applicable. ND DIRECTORS	7.0505, Florid: _	a Statutes	š. 	ired when reinstating) ADDITIONS/CHANGES TO O	DATE		
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6.4 CITY-ST-ZIP

14. 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 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 appear with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

JACKSONVILLE FL 32254

REGURED Signaturie Signaturies SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-786-2254

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90025 024 ***158.75