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FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 359621 (0)  
1. Corporation Name  
MIMS WELDING INCORPORATED

Principal Place of Business

Mailing Address

STATE RD 29 SO  
~~P.O. BOX 040~~ PO Box 3235  
IMMOKALEE FL 34143

STATE RD 29 SO  
~~P.O. BOX 040~~ PO. Box 3235  
IMMOKALEE FL 34143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1051 E. MAIN

26 PO Box 3235

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Immokalee Florida

28 City & State

Immokalee Florida

24 Zip

34143

25 Country

U.S.A

29 Zip

34143

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

MIMS, ALTON LOUIS  
STATE ROAD 29 SOUTH  
IMMOKALEE FL 34142

3. Date Incorporated or Qualified

02/12/1970

4. FEI Number

59-1325680

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME MIMS, PRESTON THOMAS  
STREET ADDRESS STATE ROAD 29 SOUTH  
CITY-ST-ZIP IMMOKALEE FL

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

TITLE PD  
NAME MIMS, ALTON LOUIS  
STREET ADDRESS STATE ROAD 29 SOUTH  
CITY-ST-ZIP IMMOKALEE FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 attachment with an address.

SIGNATURE:

*Al Mims* AL MIMS

1/6/98

CR2E034 (10/97)