SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

~~PROFIT~~ CORPORATION ANNUAL REPORT ~~1997~~

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

FILED
97 NOV 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446468** (1) 150.00

1. Corporation Name
JERRY GRICE WELDING, INC.

Principal Place of Business	Mailing Address
P O BOX 5914 TALLAHASSEE FL 32314	P O BOX 5914 TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1974
3a. Date of Last Report: 10/21/1996
4. FEI Number: 59-1517194 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRICE, TYCELIA D
4400 SHELFER RD.
TALLAHASSEE FL 32310

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 Tycelia D. Grice 11-19-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	GRICE, TYCELIA D	
STREET ADDRESS	4400 SHELFER RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	☐ DELETE
NAME	GRICE, JERRY LOUIS	
STREET ADDRESS	4400 SHELFER RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ DELETE
NAME	GRICE, TYCELIA D	
STREET ADDRESS	4400 SHELFER RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	☐ DELETE
NAME	GRICE, LOUIS KEITH	
STREET ADDRESS	4400 SHELFER ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	☐ DELETE
NAME	ASBELL, TONYA L.	
STREET ADDRESS	4400 SHELFER ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	300002353193--9 ☐ Change ☐ Addition
22 NAME	-11/20/97--01083-005
23 STREET ADDRESS	****550.00 ****550.00
24 CITY-ST-ZIP	
31 TITLE	300002353193--9 ☐ Change ☐ Addition
32 NAME	-11/20/97--01083-006
33 STREET ADDRESS	****200.00 ****200.00
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

REINSTATEMENT 97

SL 11-19-97

CR2E034 (4/97)

14. I do 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 Tycelia D. Grice 11/19/97 Secretary 1997