SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0120546

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
99 MAR -8 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 458955 (2)

1. Corporation Name
MANDALAY WELDING, INC.

Principal Place of Business
10224 U.S. HIGHWAY NO.1. NORTH
JACKSONVILLE FLORIDA 32219

Mailing Address
10224 U.S. HIGHWAY NO.1. NORTH
JACKSONVILLE FLORIDA 32219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1974

4. FEI Number
59-1551205
[ ] 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
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
YAKE,HERMAN S.
10220 US HWY NO. 1, N
JACKSONVILLE FLORIDA 32219

10. Name and Address of New Registered Agent
81 Name YAKE, LEILA M.
82 Street Address (P.O. Box Number is Not Acceptable) 10220 New Kings Rd.
83
84 City JACKSONVILLE FL 85 Zip Code 32219

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 Leila M. Yake
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating) DATE 1/21/99

12. OFFICERS AND DIRECTORS

TITLE	DT	[X] DELETE
NAME	YAKE,HERMAN S.	
STREET ADDRESS	10220 US HWY 1 N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[ ] DELETE
NAME	YAKE,LEILA MARIE	
STREET ADDRESS	10220 US HWY 1 N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	[ ] DELETE
NAME	YAKE, DAVID A	
STREET ADDRESS	6657 BARTH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	[ ] DELETE
NAME	YAKE, DAVID D	
STREET ADDRESS	10220 NEW KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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-03/11/99--01079--002
****300.00 ****300.00

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: David A Yake DAVID A YAKE 1-21-99 904-768-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/98)