

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:42

DOCUMENT # 479885 (6)

1. Corporation Name

BOONE WELDING, INC.

Principal Place of Business

2406 N.E. 19TH DRIVE
GAINESVILLE FL 32609

Mailing Address

2406 N.E. 19TH DRIVE
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1975

3a. Date of Last Report

02/16/1994

4. FEI Number

59-1614927

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BUSSARD, CARL K.
2406 NE 19 DRIVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Bussard, Carl K.

82 Street Address (P.O. Box Number is Not Acceptable)

2406 NE 19th Drive

83

84 City

Gainesville

FL

85 Zip Code

32609

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]

C.K. BUSSARD JR. 1-6-95

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUSSARD, CARL K.
STREET ADDRESS	2406 NE 19 DRIVE
CITY ST ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	2406 NE 19th Drive
14 CITY ST ZIP	Gainesville, FL 32609
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 recorder or busboy empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears in Block 12 or Block 13, Chapter 1, or on an amendment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CK BUSSARD JR

1-6-95

904 372 9533