FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479885

5 (6)

BOONE WELDING, INC.

Principal Place of Business Mailing Addr

2406 N.E. 19TH DRIVE GAINESVILLE FL 32609 Mailing Address
2406 N.E. 19TH DRIVE

2406 N.E. 19TH DRIVE GAINESVILLE FL 32609-3319

FILED Jan 16 1997 8:00am Secretary of State



						S Davidson Control	T &		
						3. Date Incorporated or Qualified	3a. Date of Last	•	
9 Princing P	nace of Business	25 Mailing	2a Molling Address			07/01/1975 4. FEI Number	01/24/1996		
<u></u>	idea (A. Darsiness	1	2a. Mailing Address				 -	Applied For	
Suite, Apt	# pte	26 Suite A	Suite, Apt. #, etc.			59-1614927 Not Applicable			
22		27	hη ' '			5. Certificate of Status Desired	5. Certificate of Status Desired		
City & State	е	City & S	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		to Fees	
Ζ :ρ	Country	Zφ		_ Country	1	8. This corporation has liability for in	ntapgible tax under	s. 199.032	
24	25	29	36	0			Yes ☐ No		
	9. Name and Address of Cu	rrent Registered Ag	jent		r	10, Name and Address of New Rec	istered Agent		
	SSARD, CARL K.			81	Name				
240	6 NE 19TH DRIVE		82 Street Add		ddress (P.O. Box Number is Not Acceptable	e)			
GAI	NSVILLE FL 32609				denote (1.0. box Hamber is Not Notopial				
				63					
				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 of color 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 if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent ±a SIGNATURE	mifan har with, and accept the ol	bligations of, Section	607.0505, Florid	da Statutes	S.		the appointment a	o regionales	
SIGNATURE	Signature, typed or printed name of regions	diagent alea tille diapplicate	(NOTE H	registered Age	ent signature n	quirea when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
TITLE	P		DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	BUSSARD, CARL K.			1.2 NAME					
STREET ALIONESS	2406 NE 19TH DRIVE			1.3 STREET	ADDRESS				
CHY-ST-7IP	GAINSVILLE FL			1.4 CITY - S	T-21P				
THILE			DELLETE	2.1 TITLE			Change	Addition	
NAME				2.2 NAME					
SIFEET ADDRESS				2 3 STREET	ADDRESS	Ų.			
CITY - ST - 7IP				2 4 CITY-5		•			
TITLE	☐ DELETE			3.1 TITLE	3, 1,		Change	Addition	
NAME				32 NAME					
STREET ADDRESS				3.3 STREET ADDRESS					
CHTY - ST - ZIP									
MI			DFLETE	3.4. CITY-3 4.1 TITLE	ol. til.		☐ Change	Addition	
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STREET ADDRESS				4 3 STREET	ADDRESS				
CHTY-ST-ZIF								ļ	
TITLE .			DELETE	4.4 CITY · S 5.1 TITLE	n-zir		☐ Change	Addition	
NAME				5.2 NAME			ட பலமு	Addition	
					LODDE				
STREET ADDRESS				5.3 STREET					
CITY - S1 - 20P		·····	DOLETC	5.4 CITY - S	T - ZIP		172	<u> </u>	
THEF		ι	DELETE	61 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY - ST - ZIP		Date Washington		€4 CITY -S					
14 I do hereb	by certify that the information sum	plicarl with thus filings of	loge not qualify f	or the eve	motion etc	ted in Section 110 07/31/i). Florida Statutos	I fourther eastiful the	Atlan	

14. I do hereby certify that the infermation 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:

SIGNATURE AND TYPES DEPRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytimo Phone #

Date

ytimo Phono #

E034 (9/96)