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

APPROVED AND FILED
95 MAY -1 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **506205** **(4)**

1. Corporation Name
LONG WELDING & FABRICATING, INC.

Principal Place of Business	Mailing Address
1905 NE SANTA FA BLVD HIGH SPRINGS FL 32643 US	PO BOX 1613 HIGH SPRINGS FL 32643 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1976	3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-1680931	☐ 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 corperation has liability for intangible tax under S. 199.032, Florida Statutes ☑ 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

LONG, ROBERT G.
12327 9TH LANE N.W.
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	LONG, ROBERT G.	1.2 NAME	Please Remove
STREET ADDRESS	RT. 1, BOX 379	1.3 STREET ADDRESS	Line Below is correct
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☑ Addition
NAME	LONG, ROBERT G.	2.2 NAME	
STREET ADDRESS	12327 9TH LANE N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	32669
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COX, PATRICIA L.	3.2 NAME	
STREET ADDRESS	RT 2 BOX 1075	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	3.4 CITY-ST-ZIP	32643
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	LONG, DANIEL F.	4.2 NAME	
STREET ADDRESS	STATE ROAD 235	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	32615
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM J.	5.2 NAME	
STREET ADDRESS	1320 S.E. PALM AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	5.4 CITY-ST-ZIP	32643
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Section 119.07(3)(k), 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: Patricia L. Cox Patricia L. Cox 4-27-95 904-454-7618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418700 FP