


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 537608</b> 1. Entity Name NORTH FLORIDA WELDING SUPPLY, INC.	
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01122004 No Chg-P CR2E034 (10/03)

Principal Place of Business P. O. BOX 2102 LAKE CITY, FL 32056-2102	Mailing Address P. O. BOX 2102 LAKE CITY, FL 32056-2102
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1751224	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  O'STEEN, GLENN W., SR. HWY. 41 NORTH LAKE CITY, FL 32056-1922
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000093952  
03/22/04-80039-022 150.00

**10. OFFICERS AND DIRECTORS**

<input type="checkbox"/>	PVD O'STEEN, GLENN W., SR. HWY. 41 NORTH LAKE CITY, FL
<input type="checkbox"/>	TS MIXON, GLENDA HWY. 41 NORTH LAKE CITY, FL
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Glenda Mixon Glenda Mixon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04  
Date

386-752-7620  
Daytime Phone #