

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 537608**

1. Entity Name  
**NORTH FLORIDA WELDING SUPPLY, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 2102

P. O. BOX 2102

LAKE CITY, FL 32056-2102

LAKE CITY, FL 32056-2102



**DO NOT WRITE IN THIS SPACE**

03242008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1751224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'STEEN, GLENN W., SR.  
HWY. 41 NORTH  
LAKE CITY, FL 32056-1922

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000872660

04/10/08-80046-023 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVD  
O'STEEN, GLENN W., SR.  
HWY. 41 NORTH  
LAKE CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
MIXON, GLENDA  
HWY. 41 NORTH  
LAKE CITY, 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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/26/08

Date

386-752-7620

Daytime Phone #