

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 558215 (0)
1. Corporation Name
FLORIDA MACHINE & WELDING, INC.



Principal Place of Business S.R. 555, SOUTH P.O. BOX 329 BARTOW FL 33830	Mailing Address S.R. 555, SOUTH P.O. BOX 329 BARTOW FL 33830
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1978	3a. Date of Last Report 05/09/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-1794637	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MAXWELL ROBERT E.
HWY 60 EAST
BARTOW FL 33830

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	MAXWELL, BARBARA A.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	4062 HWY 60 EAST	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	BARTOW FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	PDS	3.1 TITLE	3.2 NAME
NAME	MAXWELL, ROBERT E	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	4062 HWY 60 EAST	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	BARTOW, FL 00000	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information 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 unchanged, with an attachment with an address.

SIGNATURE:  4/19/97 (941) 533-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT E. MAXWELL

CR2E034 (9/96)