


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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 572865 (4) 1. Corporation Name KEN'S WELDING SERVICE INC.					
Principal Place of Business 120 NW R.R. AVE HIGH SPRINGS FL 32643 P.O. BOX 1315 ALACHUA FL 32015			Mailing Address 120 NW R.R. AVE HIGH SPRINGS FL 32643 P.O. BOX 1315 ALACHUA FL 32015		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 2537		06/15/1978	
22 City & State		27 Suite, Apt. #, etc.		3a. Date of Last Report	
23 Zip		28 High Springs, FL		05/01/1996	
24 Country		29 32655		4. FEI Number	
25		30 Alachua		59-1832986	
9. Name and Address of Current Registered Agent				Applied For	
CASSIDY, KENNETH				Not Applicable	
4418 NW 44TH PLACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GAINESVILLE, FL				6. Election Campaign Financing	
32606				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				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					
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	CASSIDY, LUCIENNE R				
STREET ADDRESS	4418 NW 44TH PLACE				
CITY-ST-ZIP	GAINESVILLE, FL 00000				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CASSIDY, KENNETH				
STREET ADDRESS	4418 NW 44TH PLACE				
CITY-ST-ZIP	GAINESVILLE, FL 00000				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	CASSIDY, KENNETH J				
STREET ADDRESS	3811 SW 34TH ST APT 99				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
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 if changed, or on an attachment with an address.					
SIGNATURE: VP X 4/25/97 904-454-2647					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)