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Feb 28 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 # 857317 (2)

1. Corporation Name
WELDED CONSTRUCTION COMPANY

Principal Place of Business

26933 ECKEL ROAD
P.O. BOX 470
PERRYSBURG OH 43552

Mailing Address

26933 ECKEL ROAD
P.O. BOX 470
PERRYSBURG OH 43552-0470



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1983

3a. Date of Last Report

03/05/1996

4. FEI Number

38-1810693

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 corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOGG, R.H.
STREET ADDRESS 1863 WYANDOTTE
CITY-ST-ZIP MAUMEE OH

☐ DELETE

TITLE V
NAME THORN, D.W.
STREET ADDRESS 671 OAK KNOLL
CITY-ST-ZIP PERRYSBURG OH

☐ DELETE

TITLE ST
NAME GIRKINS, D.R.
STREET ADDRESS 7225 REGENTS PARK
CITY-ST-ZIP TOLEDO OH

☐ DELETE

TITLE D
NAME THIELE, M.L.
STREET ADDRESS 3000 POST OAK BLVD.
CITY-ST-ZIP HOUSTON TX

☐ DELETE

TITLE D
NAME ZACCARIA, A
STREET ADDRESS 50 BEALE STREET
CITY-ST-ZIP SAN FRANCISCO CA

☐ DELETE

TITLE D
NAME UNRUH, V.P.
STREET ADDRESS 50 BEALE STREET
CITY-ST-ZIP SAN FRANCISCO CA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 removed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-97

Date

419-874-3548

Daytime Phone #

CR2E034 (9/96)