

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F06800** (9)

1. Corporation Name
WALT'S WELDING AND REPAIR, INC.



Principal Place of Business: 416 E. BAY ST. WINTER GARDEN FL 34787
Mailing Address: 416 E. BAY ST. WINTER GARDEN FL 34787

3. Date Incorporated or Qualified: 11/25/1980
3a. Date of Last Report: 04/04/1995
4. FLL Number: 59-2042365
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, WALTER J
416 E. BAY ST.
WINTER GARDEN FL 32787

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 607.0602 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	MORGAN, WALTER J	
11.3 STREET ADDRESS	416 E. BAY ST.	
11.4 CITY, ST., ZIP	WINTER GARDEN FL	
11.5 TITLE	DST	<input type="checkbox"/> DELETE
11.6 NAME	MORGAN, JOYCE A	
11.7 STREET ADDRESS	416 E. BAY ST.	
11.8 CITY, ST., ZIP	WINTER GARDEN FL	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY, ST., ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY, ST., ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY, ST., ZIP		
12.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST., ZIP		
12.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST., ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST., ZIP		
12.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Joyce A Morgan* *Joyce A. Morgan* 2-9-96 (407) 656-6842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)