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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F12261

(6)

WELD-RITE COMPANY, INC.

FILED Jun 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						
815 SOUTH ORANGE BLOSSOM TRAIL 815 SOUTH OF C/O ALAN HAMILTON C/O ALAN HAM		815 SOUTH ORANGE BLOSS C/O ALAN HAMILTON ORLANDO FL 32805-3145	DRANGE BLOSSOM TRAIL AMILTON			
			_,		3. Date Incorporated or Qualified 12/18/1980	3a. Date of Last Report 04/26/1996
<u></u>		2a. Mailing Address	Address		4. FEt Number	Applied For
Suite, Apt. #, etc.		26		59-2049405	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zιρ	Country	'	8. This corporation has liability for in	
24	25	[29] 3	0			Yes No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent
	MILTON, CAROLYN		61	Name		
	4 E. HARDING AVE.		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
	LANDO, FL		83		,	
328	06		63			
	•		84	,		FL 85 Zip Code
11. Pursuant office or i agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Statutes ite of Florida. Such change was aut ligations of, Section 607.0505, Florid	, the above thorized by da Statutes	e-named corp the corpora	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE						
12,	Signature, typed or printed name of registered a	agent and title if applicable (NOTE F NDD DIRECTORS		n per stullang a In	red when reinstating)	DATE
TITLE	STD	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	HAMILTON, CAROLYN		1.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	2314 E HARDING		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY - S			
TITLE			2.17111.8	1-211		Change Addition
NAME	HAMILTON, ALAN		2.2 NAME			C. Onlingo C. Addition
STREET ADDRESS	2314 E HARDING		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY - S			
TITLE	DELETE		3.1 TITLE			Change Addition
, NAME			32 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP	•		3.4. CITY - S	T-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 \$TREE1	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CHY-SI	r-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS	i i i i		6.3 STREET	address		
CITY-ST-ZIP			6.4 CHY- ST	-ZIP		

To 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attribute that the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attribute the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attribute the same logal effect as if made under oath; that