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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

F43058

(9)

D & J TORCH & REGULATOR REPAIR SERVICE, INC.				
Principal Place of Business	Mailing Address		C HORAIDA ANIA BIARRA DENNI DONAS BIA	01 1011 61616 81811 01011 01611 61811 81811 1001
2210 INDIANA AVE. P.O. BOX 6183 BRADENTON FL 34281-6183	2210 Indiana ave. P.O. Box 6183 Bradenton Fl 34281	-6183		
			3. Date Incorporated or Qualified 09/01/1981	3a. Date of Last Report 05/11/1995
Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2125581	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Ζ _Ι μ 29	Country 30	8. This corporation has liability for Florida Statutes	
9. Name and Address of	Current Registered Agent	<u></u>	10. Name and Address of New F	Registered Agent
		81 Name		
AMES, JOHN L		82 Street Add	ress (P.O. Box Number is Not Acceptat	olo)
2210 INDIANA AVE. P.O. BOX 6183		83		****
BRADENTON FL 34281		ļ		
		B4 City		FL 85 Zip Code
Pursuant to the provisions of Sections 60 or registered agent, or both, in the State familiar with, and accept the obligations of SIGNATURE Synators, typed or printed raine of region. Synators, typed or printed raine of region.	of Florida. Such change was authorize of, Section 607.0505, Florida Statutes.	d by the corporation's boa	rd of directors. Thereby accept the app	ointment as registered agent. I an
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE PT	☐ DELETE	1 1 THILE		☐ Change ☐ Addition
NAME AMES, JOHN L. STREET ADDRESS 2210 INDIANA AVE.		1.2 NAME		
STREET ADDRESS 2210 INDIANA AVE. CITY-SE-ZIF BRADENTON FL		1 3 STREET ADDRESS 14 CPM- ST-ZP	\sim	P 34281
THE	☐ DELETE	2 1 11/LE		Change Addition
NAME :	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-SEZIE		24 CHY-ST-ZIP		
TIBLE	DELETE	3 1 BILE		Change Addition
NAME STREET ADDRESS		3.2 NAME		
City-St ZiP		3.3 STHEFT ADDRESS 3.4 CHY-ST-ZIP		
Tillé	☐ DELETE	4 1 TIT(F		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET AUDRESS		
CITY-ST-ZIP	Elbury	4.4 CITY - ST - ZIP		
THE	☐} DELETE	5 1 TIFLE		Criange Addition
AAM! STREEL ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
City-St-ZiP		5.4 City - St - ZiP		
TITLE	DELETE	6 1 TOTLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6 4 City - St - ZiF		07/0/12 Fire Str. Ott.
14. I do hereby certify that the information succertify that the information indicated on the oath; that I am an officer or director of the appears in Block 12 or Block 13 if change.	his annual report or supplemental annule corporation or the receiver or trustee	ial report is true and accura repopowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal effect as if made under lorida Statutes; and that my name
SIGNATURE:	TYPED OR PHINTED NAME OF SIGNING OFFICER	OR DIRECTOR	8 ALR 91	6 941-756-1787