

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F90091

1. Corporation Name

MAURICE HARTSFIELD WELDING, INC.

Principal Place of Business

ROUTE 4, BOX 474B
TALLAHASSEE FL 32304

Mailing Address

ROUTE 4, BOX 474B
TALLAHASSEE FL 32304

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90105 022 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1982

4. FEI Number

59-2208644

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1201 Barineau Road**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1201 Barineau Road**
Suite, Apt. #, etc.

City & State

23 **Tallahassee, FL**

Zip Country

24 **32304**

25 **Leon**

City & State

28 **Tallahassee, FL**

Zip Country

29 **32304**

30 **Leon**

9. Name and Address of Current Registered Agent

FOLSOM, JOHN K
122 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME **DP**
STREET ADDRESS **HARTSFIELD, MAURICE**
CITY-ST-ZIP **RT 4 BOX 474B**
TALLAHASSEE, FL 00000

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **HARTSFIELD, JOYCE**
CITY-ST-ZIP **RT 4 BOX 474-B**
TALLAHASSEE, FL 00000

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **HARTSFIELD, RICHARD**
CITY-ST-ZIP **607 DIXIE DR #22**
TALLAHASSEE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1201 Barineau Road
Tallahassee, FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1201 Barineau Road
Tallahassee, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1171 Barineau Road
Tallahassee, FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **Maurice Hartsfield**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

850-576-2551

Date

Daytime Phone #

CR2E034 (1/98)