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FILED
Mar 25 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 # F93000005351 (2)

1. Corporation Name:
WORLD-WIDE WELDING, INC.

Principal Place of business
RT 2 HWY 1954
WICHITA FALLS TX 76302
US

Mailing Address
155 CORPORATE PLACE
VALLEJO CA 94590-6968
US



2. Principal Place of Business
21 2315 MAIN STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
BAYTOWN, TEXAS

28 City & State

24 Zip

29 Zip

25 Country
US

30 Country

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
07/17/1996

4. FEI Number
77-0293162

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, if applicable)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input type="checkbox"/> DELETE
NAME	WOOD, RALPH B	
STREET ADDRESS	RT 2 HWY 1954	
CITY- ST- ZIP	WICHITA FALLS TX 76302	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VARDELL, JIMMY	
STREET ADDRESS	RT 2 HWY 1954	
CITY- ST- ZIP	WICHITA FALLS TX 76302	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRENCH, GARY	
STREET ADDRESS	RT 2 HWY 1954	
CITY- ST- ZIP	WICHITA FALLS TX 76302	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROWDER, GRAIG	
STREET ADDRESS	RT 2 HWY 1954	
CITY- ST- ZIP	WICHITA FALLS TX 76302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIENI, STEVE	
STREET ADDRESS	RT 2 HWY 1954	
CITY- ST- ZIP	WICHITA FALLS TX 76302	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2315 MAIN STREET
1.4 CITY- ST- ZIP	BAYTOWN, TX 77520
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2315 MAIN STREET
2.4 CITY- ST- ZIP	BAYTOWN, TX 77520
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2315 MAIN STREET
3.4 CITY- ST- ZIP	BAYTOWN, TX 77520
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2315 MAIN STREET
4.4 CITY- ST- ZIP	BAYTOWN, TX 77520
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2315 MAIN STREET
5.4 CITY- ST- ZIP	BAYTOWN, TX 77520
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESIDENT/DIRECTOR
6.3 STREET ADDRESS	JEFFREY WOOD
6.4 CITY- ST- ZIP	2315 MAIN STREET
	BAYTOWN, TX 77520

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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

127642000