Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90018 013 ***150.00

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 # F93000005351

1. Corporation Name

WURLD-WIDE WELDING, INC.									
Dringing! Blood	of Dunings	Mailing Address				- \$001 06 [114] 1140 11111 10211 1011 12121 10211		HILDE HEDE	
2315 MAIN STREET 155 CORPORATE PLACE BAYTOWN TX 77520 VALLEJO CA 94590									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/24/1993	:	· ·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For	
21		26				77-0293162	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27				5. Certificate of Status Desired	Fee_Rec	quired	z-
City & State		City & State	-			6. Election Campaign Financing	\$5.00	May Be	
23		28]			Trust Fund Contribution	Added to		
Zip	Country	Žip ·	Cot	ıntry		8. This corporation owes the current year In	ntangible		
24	25	29	30			Personal Property Tax.	∐ Yes	No	
27	9. Name and Address of Current		1	Г		10. Name and Address of New Registered			
					Name	<u>-</u>			
CT CORPORATION SYSTEM			82	Ot and Address	(D.O. D M in Not Accordable)				
1200	SOUTH PINE ISLAND ROAD				Street Addre	ss (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324		ļ.						
				84	City	FI			
11. Pursuant	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove	-named corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its i	registered	
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	t Florida. Such change was at ons of, Section 607.0505, Flor	utnonze rida Stat	a by i	ne corporation	as board of directors. Thereby accept the appo	Attition as reg	listorod	
	m rammar vitari, and accept and congen								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				d Agent	signature required				ć
12.	OFFICERS AND	DIRECTORS	RECTORS 13.			ADDITIONS/CHANGES TO OFFICERS A			9
TITLE	DELETE 1.1		1.1 T	ITLE			Change	Addition	3
NAME	FRENCH, GARY	FRENCH, GARY		AME					2
STREET ADDRESS	·		TREET	ADDRESS				í	
CITY-ST-ZIP			ITY-ST	-ZIP				2	
TITLE	TD DELETE 2.1 TI				and the second s	Change	Addition	(
NAME	CROWDER, GRAIG 22 N		AME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	DAY TANK TV		CITY-SI	l l	•		\		
TITLE	DELETE 3.11					Change	Addition		
NAME	SCHIENI, STEVE					·			
			-	ADDRESS			\		
STREET ADDRESS	TARREST TV								
CITY-ST-ZIP	PD	DELETE	3.4. CITY-		1-2IP		Change	Addition	
) TITLE	· -	(*) DELETE	4.1 TITLE 4. 2 NAME						
NAME	***************************************							ł	
STREET ADDRESS	SO 2010 HOLL 11112		1		ADDRESS			ĺ	
CITY-ST-ZIP			_	ITY-ST	-ZIP		√ Change	☐ Addition	
TITLE	DELETE 5.1					C) change			
NAME	7.3		5.2 N	MME					

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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition