

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002012 (2)**

1. Corporation Name
STUD WELDING, INC.



Principal Place of Business: **2296 SKYVIEW DR. CENTERVILLE TN 37033**
Mailing Address: **2296 SKYVIEW DR. CENTERVILLE TN 37033**

21	2. Principal Place of Business	2a.	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04/19/1994		03/03/1995
4.	FBI Number	Applied For	
	62-0891606	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TANTON, JAMES A JR
1809 FOX CIR.
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMBERSON, LAMBERT G	
STREET ADDRESS	2210 MORRISWOOD DR.	
CITY-STATE-ZIP	FRANKLIN TN 37064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLOCKER, C E	
STREET ADDRESS	RT. 2, BOX 150	
CITY-STATE-ZIP	NUNNELLY TN 37137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAGRAMES, FRANCES	
STREET ADDRESS	906 VIRGINIA AVE.	
CITY-STATE-ZIP	LAPORTE IN 46350	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLAS, THEODORA L	
STREET ADDRESS	906 VIRGINIA AVE.	
CITY-STATE-ZIP	LAPORTE IN 46350	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-STATE-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-STATE-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information registered 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 person or business 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 attached list with an address.

SIGNATURE: *Lambert G. Lamberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lambert G. Lamberson, President

January 25, 1996 615-729-3571
Date: _____ Dying: Phone # _____

CR2E034 (12/95)