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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90023 032 \*\*\*150.00

1031011

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # G25109**

1. Corporation Name  
**ARC-RITE WELDING & MACHINE CO., INC.**



Principal Place of Business Mailing Address  
 341 HGHWY 17 P O BOX 1905  
 PALATKA FL 32177 P O BOX 1905  
 US PALATKA FL 32177  
 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**02/22/1983**  
 4. FEI Number Applied For  
**58-1561614** 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

9. Name and Address of Current Registered Agent  
**THOMAS, DOUGLAS R**  
**341 HWY 17**  
**PALATKA FL 32177**

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 P  DELETE  
 NAME THOMAS, R.E.  
 STREET ADDRESS P.O. BOX 1905 NA  
 CITY-ST-ZIP PALATKA FL  
 TITLE V  DELETE  
 NAME THOMAS, JOHN E.  
 STREET ADDRESS P.O. 1676 NA  
 CITY-ST-ZIP BRUNSWICK GA  
 TITLE V  DELETE  
 NAME THOMAS, DONALD RAY  
 STREET ADDRESS RT. 6, BOX 6139  
 CITY-ST-ZIP BRUNSWICK GA  
 TITLE ST  DELETE  
 NAME THOMAS, DOUGLAS RAY  
 STREET ADDRESS P.O. BOX 1905  
 CITY-ST-ZIP PALATKA FL  
 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  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME **P/S/T Thomas, Douglas Ray**  
 4.3 STREET ADDRESS **P.O. Box 1905**  
 4.4 CITY-ST-ZIP **PALATKA FL 32178**  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *Thomas Douglas Ray* **REQUIRED** 2-11-99 904 325 3523  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)