

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *640262*
1. Corporation Name *Moore's Welding Inc*

Principal Place of Business Mailing Address
670 E 14 ST P.O. Box 1883
Hialeah Fl 33010 Hialeah Fl 33011

000001429770
-03/15/95--01024--033
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		5-20-83		3-18-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2365072		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		☐	
24		25		29		30	
Zip		Country		3. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Boyce Moore
670 E 14 St
Hialeah Fl 33010

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
FL

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 *Boyce Moore* *Boyce Moore* *2-21-95*
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	☐ Change ☐ Addition	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY - ST - ZIP	1.4 CITY - ST - ZIP		
TITLE	2.1 TITLE	☐ Change ☐ Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
TITLE	3.1 TITLE	☐ Change ☐ Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE	4.1 TITLE	☐ Change ☐ Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE	5.1 TITLE	☐ Change ☐ Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	6.4 CITY - ST - ZIP		

14. I do 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 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: *Virginia Moore* *Virginia Moore* *2-21-95* *305-8451028*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE