FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # G44286 (4)

1. Corporate Name

STEVE'S WELDING, INC.

Principal Place of Business	Mailing Address
165 GEORGIA AVENUE P.O.BOX 1347 TAVERNIER FL 33070 US	165 GEORGIA AVENUE P.O.BOX 1347 TAVERNIER FL 33070 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1983

3a. Date of Last Report: 03/17/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 54-0001324 ☐ 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

ARSUA, STEVE
155 GEORGIA AVENUE
TAVERNIER FL 33070

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: Deborah M. Arsua VOTD — 2-17-95

(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	ARSUA, STEVE	12 NAME
STREET ADDRESS	155 GEORGIA AVE POB 1347	13 STREET ADDRESS
CITY-ST-ZIP	TAVERNIER FL	14 CITY-ST-ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	ARSUA, DEBORAH	22 NAME
STREET ADDRESS	155 GEORGIA AVE	23 STREET ADDRESS
CITY-ST-ZIP	TAVERNIER FL	24 CITY-ST-ZIP
TITLE	ST	31 TITLE ☐ Change ☐ Addition
NAME	ARSUA, MARY	32 NAME
STREET ADDRESS	264 TAVERNIER; POB 1347	33 STREET ADDRESS
CITY-ST-ZIP	TAVERNIER FL	34 CITY-ST-ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this 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 13 above or on an attachment with an

SIGNATURE: Deborah M. Arsua — 2-17-95 — 305-852-5571

SIGNATURE AND TYPE OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0425870 FP