

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TAMARA B. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SEFEB 29 PM 4: 19.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H27020

(7)

1. Corporation Name

GEORGE SMITH WELDING, INC.

Principal Place of Business

Mailing Address

% GEORGE SMITH
2421 MYRTLE AVE
SANFORD FL 32771

% GEORGE SMITH
2421 MYRTLE AVE
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1984

3a. Date of Last Report

03/01/1994

4. FBI Number

59-1030469

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GEORGE
2421 MYRTLE AVE
SANFORD FL 32771

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 of individual or printed name of registered agent and the corporation)

(DATE, Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 TITLE

PD
SMITH, GEORGE
2421 MYRTLE AVE.
SANFORD FL 32771

11 TITLE

Change Addition

102 NAME

12 NAME

103 STREET ADDRESS

13 STREET ADDRESS

104 CITY-ST-ZIP

14 CITY-ST-ZIP

105 TITLE

S
SMITH, PATRICIA A.
2421 MYRTLE AVE
SANFORD FL 32771

21 TITLE

Change Addition

106 NAME

22 NAME

107 STREET ADDRESS

23 STREET ADDRESS

108 CITY-ST-ZIP

24 CITY-ST-ZIP

109 TITLE

31 TITLE

Change Addition

110 NAME

32 NAME

111 STREET ADDRESS

33 STREET ADDRESS

112 CITY-ST-ZIP

34 CITY-ST-ZIP

113 TITLE

41 TITLE

Change Addition

114 NAME

42 NAME

115 STREET ADDRESS

43 STREET ADDRESS

116 CITY-ST-ZIP

44 CITY-ST-ZIP

117 TITLE

51 TITLE

Change Addition

118 NAME

52 NAME

119 STREET ADDRESS

53 STREET ADDRESS

120 CITY-ST-ZIP

54 CITY-ST-ZIP

121 TITLE

61 TITLE

Change Addition

122 NAME

62 NAME

123 STREET ADDRESS

63 STREET ADDRESS

124 CITY-ST-ZIP

64 CITY-ST-ZIP

125 TITLE

71 TITLE

Change Addition

126 NAME

72 NAME

127 STREET ADDRESS

73 STREET ADDRESS

128 CITY-ST-ZIP

74 CITY-ST-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)(b), 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:

George L. Smith

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/24/95 407-323-3027

DATE TELEPHONE