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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89837

(9)

INDUSTRIAL FABRICATION AND WELDING, INC.

Principal Place of Business Mailing Address						3 1901011 0101 10110 90101 80100 70110 4000	OJUST DIBLE DIBLE	AND IN MARK	9)0)) (EB)
2011 NW MARTIN LUTHER KING AVE OCALA FL 34478 US		2011 NW MARTIN LUTHER KING AVE OCALA FL 34475-5005 US							
						Date incorporated or Qualified 12/13/1985	03/19/1996		
	ace of Business	2a. Mailing Address				4. FEI Number		\rightarrow	oplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2617735 Not Applicable \$8.75 Additional			
22		27				Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Ro
23		28				Trust Fund Contribution		Added t	
Zip	Country	Z _I p Country				8. This corporation has liability for i			199.032,
24	25	29				Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		81	Name	10, Name and Address of New Re	gistered Age	nt	
	MS, SAMUEL J	_		В.	INdille				
	I NW MARTIN LUTHER KING AV	•				idress (P.O. Box Number is Not Acceptab	le)		
UUA	LA FL 34478			83					
				84	City		Fi. 8	5 Zip (Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508, Florida Statu	les, the al	boye	L e-named co	prporation submits this statement for the p	urpose of cha	_L anaina it	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was	authorize	d by	the corpor	ration's board of directors. I hereby accep	t the appoint	něnt ás	registered
SIGNATURE	The time that are coopy to cong.	Terror Con Cooling Con Losson 111	CARLO CICI						
SIGNATURE	Signature, typed or prioted name of it gistered age:	and the dappin, asic (NO)	L Registerer	a Age	nt signature rec	quirce when reinstating)	ĎΑΪΙ		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DP CALCUS	LJ DELOY	1.1 11				LJ	Change	Addition
NAME	SIMMS, SAMUEL		1.2 N						
STREET ADDRESS	10748 NE HWY 314 SILVER SPRINGS FL 34488				ADDRESS				
CITY-ST-ZIP TITLE	SILVEN SPRINGS PL 34400	DELETE	<u>1.4 Cl</u> 2 1 1)		1 - 719			Change	Addition
NAME		L-1 tretter	22 N/		ľ		LJ	Onlange	[_] Mudition
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP					\$1 - 71P				
TITLE		DLLEIE	3.1	_				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	THEET	ADDRESS				
CITY-ST-ZIP			3 4. C	11Y - 9	ST- ZIP				
TITLE		☐ DELET€	4.1 1	118				Change	Addition
NAME			4. 2 N	IAM:					
STREET ADDRESS			4.3 S	IRLET	ADDRESS				
CITY-ST-ZIP			4.4.C	ly S	1 - 7 IF				
TATLE		∐ DELETE	5111					Change	L_J Addition
NAME			52 N/						
STREET ADDRESS					ADURESS				
CITY-ST-ZIP TITLE		10110	5.4 Cl 6.1 Tl		1 - 710			Change	Addition
NAME		["] Ottest	6.1 H				ليا	∆และเห็ด	L AUUILIUIT
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			64 CI						
14. I do hereb			fy for the	ехе	mption stat	ed in Section 119.07(3)(i), Florida Statutes			
information I am an of	n indicated on this annual report or so	ipplemental ånnual report is t he receiver or trustee empov	ifue and a vered to e	accu	irate and th	nat my signature shall hâve the same lega port as required by Chapter 607, Florida S	effect as if n	nade und	der oath, that

CNATURE: 520 5000 3/12/07 250 (10-255)