

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11797 (4)
1. Corporation Name
SPECIALTY FITTINGS AND FABRICATION, INC.

Principal Place of Business Mailing Address
**1110 KINGFORD CIRCLE
MULBERRY FL 33660** **1110 KINGFORD CIRCLE
MULBERRY FL 33660**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **510 N. PRAIRIE IND. PKWY** 26 **P.O. BOX 1057**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Mulberry, FL** 27 **Mulberry, FL**
City & State City & State
24 **33860** 25 **Polk** 29 **33860-1057** 30 **Polk**
Zip Zip Country Zip Country

3. Date Incorporated or Qualified **04/23/1986** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2641489** 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
MINTON, DURWARD RAY, JR
324 JACKSON ST
LAKE WALES FL 33853

10. Name and Address of New Registered Agent
81 Name **DURWARD RAY MINTON, JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **8500 McCoy Road**
83
84 City **Ft. Meade** FL 85 Zip Code **33841**

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 agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKNER, OMAR
STREET ADDRESS	204 NE 9TH ST
CITY - ST - ZIP	MULBERRY FL
TITLE	PTD
NAME	MINTON, DURWARD RAY, JR
STREET ADDRESS	324 JACKSON ST
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	COOK, HUGH C.
STREET ADDRESS	6321 CRISTINA GROVES
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	No Longer an officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Resigned
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8500 McCoy Road
2.4 CITY - ST - ZIP	FT. MEADE, FL 33841
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4953 Tradition Drive
3.4 CITY - ST - ZIP	LAKELAND, FL 33813
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *Durward Minton* **4-18-95** **813-425-5024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)