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**Apr 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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



Principal Place of Business
**510 N PRAIRIE IND. PKWY.
MULBERRY FL 33860
US**

Mailing Address
**P.O. BOX 1057
MULBERRY FL 33860-1057
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**MINTON, DURWARD RAY, JR
8500 MCCOY ROAD
FT. MEADE FL 33841**

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

Durward Ray Minton Jr., President, Secretary, Treasurer, 4/8/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MINTON, DURWARD RAY, JR	
STREET ADDRESS	8500 MCCOY ROAD	
CITY-ST-ZIP	FT. MEADE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MINTON, DURWARD RAY JR	
3. STREET ADDRESS	8500 MCCOY ROAD	
4. CITY-ST-ZIP	FT. MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE		
6. NAME	MINTON, MARGIE A	
7. STREET ADDRESS	8500 MCCOY RD	
8. CITY-ST-ZIP	FT. MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9. TITLE		
10. NAME	R.J. NACCARATO	
11. STREET ADDRESS	2519 GARY CIRCLE	
12. CITY-ST-ZIP	DUNEDIN, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
25. TITLE		
26. NAME		
27. STREET ADDRESS		
28. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Durward Ray Minton Jr.* 2/1/97 944-1175-5074

CR2E034 (9/96)