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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50282

OCALA FABRICATION & REPAIR, INC.

Principal Plac	ce of Business	Mailing Address				- 1 CAMPIER RING DELIG RELIEU HERRE II		#1011 B1811 #181	i Militi Ailli (4.0)	1 .
2817 N.W. 8TH		2817 N.W. 8TH PLACE								
OCALA FL 34475 US US US						DO NOT WRI	TE IN THIS	SISPACE		
						3. Date Incorporated or Qualifed 12/24/1986	12 111 1111	3 01 7102	•	7
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		114	anlied For	\dashv
21	lace of Basilloss	26				59-2756154		 	pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				33 2730104			Additional	-
22		27			5. Certifcate of Status Desired			equired		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		untry		8. This corporation owes the curr	ent year in	*		
24	25	29	30			Personal Property Tax.		☑ Yes	□No	_
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New F	tegistered	Agent	•	\dashv
DAV	IS CURTIS G				•		ž.		* ,	
UUA2817	7 N.W. 8TH PLACE			82	Street Addre	ess (P.O. Box Number is Not Accepta		marrie vanit Coron	Acres described	,]
UCA	NLA FL 32675			83			再揮翻			
				84	City	7 - 20 - 112 - 122 - 122 - 124 - 125	FL		Code	\dashv
office of t	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change were a	tes, the a	bove-	named corpo	pration submits this statement for the	numose o	f changing its	s registered	-1
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Stati	utes.			арро	munent as re	egistered 	. 34
SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE	rida Stati	utes.		when reinstating)	DATE	**************************************		. 36 j B
SIGNATURE 12.	im familiar with, and accept the obligation of the obligation of the state of the obligation of the ob	and title if applicable. (NOTE	: Registered	utes. Agent s		when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	ORS IN 12	18 SE
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33 agent. Fa SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DP DAVIS, CURTIS G. 2817 N.W. 8TH PLACE OCALA FL	ions of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	:: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI	Agent of TLE AME TY-ST-2	signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 13 if. changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90001 001 ***150.00