

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90080 028 ***158.75

DOCUMENT # J52933

1. Corporation Name
GRAHAM WELDING, INC.

Principal Place of Business
1017 EAST COLUMBUS DR
TAMPA FL 33605

Mailing Address
1017 EAST COLUMBUS DR
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1987

4. FEI Number
59-2759692

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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
CHRISTIE, M. ALLEN
1017 EAST COLUMBUS DRIVE
TAMPA FL 33605

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	CHRISTIE, M. ALLEN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1017 E COLUMBUS DR			
TAMPA FL			
STD	CHRISTIE, T. LUCILLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1017 E COLUMBUS DR			
TAMPA FL			
VD	KELLEY, ARCHIE N. JR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1017 E COLUMBUS DR			
TAMPA FL			
VD	KELLEY, RANDALL D.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1017 E COLUMBUS DR			
TAMPA FL			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Lucille Christie Date: 4/10/99 813/2288806

CR2E034 (11/98)