

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

DOCUMENT # J93835 (3)

1. Corporation Name

COASTAL WELDING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:11

Principal Place of Business

% GEORGE T. KRUMENACKER
1125 48TH ST.
MANGONIA PARK FL 33407

Mailing Address

% GEORGE T. KRUMENACKER
1125 48TH ST.
MANGONIA PARK FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1987

3a. Date of Last Report

08/11/1994

4. FEI Number

59-2869098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

KRUMENACKER, GEORGE T.
1125 48TH ST.
MANGONIA PARK FL 33407

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

Signature of Registered Agent or Registered Agent and the Corporation

Signature of Registered Agent or Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRUMENACKER, GEORGE T.
STREET ADDRESS	1125 48TH ST. #7
CITY, ST, ZIP	MANGONIA PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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. TITLE	V.P. THOMAS J	☐ Change ☒ Addition
2. NAME	KRUMENACKER	
3. STREET ADDRESS	342 W. STADY SIDE CIR	
4. CITY, ST, ZIP	WEST PALM BEACH, FL.	
5. TITLE	33415	☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is true and correct. I am not qualified to the provisions stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on the statement with an addition.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/95 407.863.5104