

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J93835 (3) 1. Corporation Name: COASTAL WELDING, INC.	

FILED

96 SEP 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **90 GEORGE T KRUMENACKER (SAME)**
1125 48th ST
MANGONIA PARK, FL 33407

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 9/21/87	3a. Date of Last Report 3/10/95
4. FEI Number 592869098	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
KRUMENACKER, GEORGE T
KRUMENACKER, THOMAS J.
1125 48th ST
MANGONIA PARK, FL 33407

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. FL	86. Zip Code
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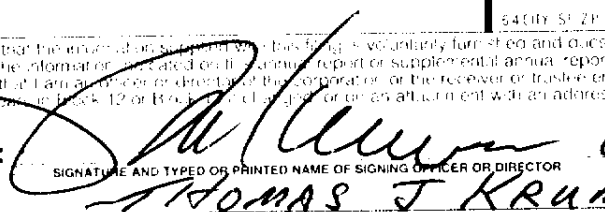
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PRESIDENT
STREET ADDRESS	GEORGE T. KRUMENACKER
CITY-STATE-ZIP	1125 - 48TH ST. #17
TITLE	☐ DELETE
NAME	VICE - PRESIDENT
STREET ADDRESS	THOMAS J. KRUMENACKER
CITY-STATE-ZIP	342 W. SHADYSIDE CIR.
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	7000001964567
23. STREET ADDRESS	-10/03/96--01103--012
24. CITY-STATE-ZIP	****233.75 ****233.75
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information furnished on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 or for only that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in block 12 or block 13 of this filing, or on an attachment with an address.

SIGNATURE:  UP 8/30/96 561-863-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS J. KRUMENACKER

CR2E034 (3/96)