

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

95 MAY -1 PM 4:16

DOCUMENT # K00577 (2)

1. Corporation Name

ALLOY WELDING & FABRICATION, INC.

Principal Place of Business

15711 TANGELO TER., BAY B17-18
DELRAY BEACH FL 33444

Mailing Address

15711 TANGELO TER., BAY B17-18
DELRAY BEACH FL 33444

900001503849
05/01/95--01114--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1987
3a. Date of Last Report 04/28/1994

4. FEI Number 65-0013611
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

7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

MULLEN, THOMAS J., JR.
15711 TANGELO TERR. BAY B17-18
DELRAY BEACH FL 33444

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: Typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MULLEN, THOMAS J., JR.
STREET ADDRESS 6094 ROYAL LYTHAM DRIVE
CITY ST ZIP BOCA RATON FL

TITLE ST
NAME MULLEN, SUSAN L.
STREET ADDRESS 6094 ROYAL LYTHAM DR.
CITY ST ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

REMITTED BY MAY 1

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TJS 5/26/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8215 159th Ct N.
1.4 CITY ST ZIP Palm Bch Gardens, FL 33418

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8215 159th Ct N.
2.4 CITY ST ZIP Palm Bch Gardens, FL 33418

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas J. Mullen

4/14/95

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