

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

APPROVED AND FILED

90 MAY - 1 1994 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **K72733** (4)

1. Corporation Name
H.B. WELDING, INC.

2. Principal Office Address: **418 PINE HILLS ROAD STE. 1 ORLANDO FL 32811-1653**

2a. Mailing Address: **418 PINE HILLS ROAD STE. 1 ORLANDO FL 32811-1653**

21. Filing Date: **21**

22. State App # etc: **22**

23. City & State: **23**

24. State: **24**

25. Filing Date: **25**

26. Mailing Address: **26**

27. State App # etc: **27**

28. City & State: **28**

29. State: **29**

30. Filing Date: **30**

3. Date incorporated or Qualified: **03/15/1989**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2934066**

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. The corporation has liability for intangible tax under s. 194.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BOULER, LUCY
5209 BOTANY COURT
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0532 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PVS BOULER, HAROLD JR. 418 PINE HILLS RD STE.1 ORLANDO FL		13.1 NAME [] Change [] Addition	
12.2 NAME TD BOULER, HAROLD JR. 418 PINE HILLS RD STE.1 ORLANDO FL		13.2 NAME [] Change [] Addition	
12.3 NAME [] Change [] Addition		13.3 NAME [] Change [] Addition	
12.4 NAME [] Change [] Addition		13.4 NAME [] Change [] Addition	
12.5 NAME [] Change [] Addition		13.5 NAME [] Change [] Addition	
12.6 NAME [] Change [] Addition		13.6 NAME [] Change [] Addition	
12.7 NAME [] Change [] Addition		13.7 NAME [] Change [] Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.012, Florida Statutes. I further certify that the information included on 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. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 194, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE: *Harold L Boulter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

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AND
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K72783** (9)

1. Corporate Name
M.T.D., INC.

Principal Place of Business: **8295 SW 92 ST, 5761 SW 11TH ST, MIAMI FL 33156 US**
Mailing Address: **8295 SW 92 ST, 5761 SW 11TH ST, MIAMI FL 33156 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **03/15/1989**
3a. Date of Last Report: **04/28/1994**

2. Principal Office of Business: **21**
2a. Mailing Address: **26**

4. FFI Number: **65-0166164**
Applied For: Not Applicable

22. State, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City, State: **28**

6. Election Campaign Financials: **\$5.00 May Be Added to Fees**
Trust Fund Contribution

24. **25** **29** **30**

8. Does corporation have ongoing financial reporting requirements under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELF, THOMAS D., SR.
8295 SW 92 ST
MIAMI FL 33156**

81. Name:
82. Street Address (P.O. Box Number is Not Accepted):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 602 and 603, 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 of said corporation and accept the responsibility of Section 603, Florida Statutes.

GR04A1194

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS

NAME	VD ENGEL, MARK W. 5761 S.W. 11TH ST. WEST MIAMI FL
STREET ADDRESS	
CITY, STATE	
NAME	PD SELF, THOMAS D., SR. 5761 S.W. 11TH ST. WEST MIAMI FL
STREET ADDRESS	
CITY, STATE	
NAME	STD KRANZ, DAVID D. 8282 S.W. 91ST ST. MIAMI FL
STREET ADDRESS	
CITY, STATE	
NAME	
STREET ADDRESS	
CITY, STATE	
NAME	
STREET ADDRESS	
CITY, STATE	

14. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS		
16. CITY, STATE		
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		
19. CITY, STATE		
20. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS		
22. CITY, STATE		
23. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS		
25. CITY, STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it complies with the information stated in Sections 602 and 603, Florida Statutes. I further certify that the information furnished on 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. That I am an officer or director of the corporation or the person or business empowered to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 1 of this Form 1194 Change of Officers and Directors with an address.

SIGNATURE: *David Kranz* **DAVID KRANZ** 4/26/95 705-871-7817