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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K82864 1. Corporation Name

T & T WELDING, INC.

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Principal Plac	e of Business	· Maili	ing Address			, , , , , , , , , , , , , , , , , , ,		
%JANET A TRESSLER 16426 HAMILTON DR		16426	%JANET A TRESSLER 16426 HAMILTON DR			DO NOT WEITE	IN THE CDACE	-,
ORLANDO FL	32833	ORLA	ANDO FL 32833			DO NOT WRITE	IN THIS SPACE	
		1				3. Date Incorporated or Qualifed 04/24/1989		
2. Principal P	Place of Business	2a. N	Mailing Address			4. FEI Number	App	olied For
21		26				59-2947945	Not	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ 8.75 A	
City & Stat	te		City & State			6. Election Campaign Financing	\$5.00	May Po
23		28	•	0		Trust Fund Contribution	Added to	
Zip	Country	· · -	lip	Countr	У	8. This corporation owes the current		MNo
24	25	29		30		Personal Property Tax.		TALNO
	9. Name and Address of (Current Register	red Agent		-1	10. Name and Address of New Reg	Istered Agent	****
TOF	COLUD JANET A	* · · · · · · · · · · · · · · · · · · ·		8	1 Name			
1642	SSLER, JANET A 26 HAMILTON DR			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32833		•	8:	3	1 4 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				84	City	April 19 and 19	FL 85 Zip C	ode
office or r	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	State of Florida. obligations of, S	Such change was a section 607.0505, Flo	authorized by orida Statute	y the corporati s.	tion's board of directors. I hereby accept the	ne appointment as-reg	jistered
office or r agent: I a	to the provisions of Sections 61 registered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of registers.	obligations of, S	ection 607.0505, Fi	onda Statute	S.	red when reinstating)	DATE	·
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

1-18-99 407-568-6201

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90044 029 ***150.00