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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90008 011 ***150.00

DOCUMENT # L03454

1. Corporation Name

SHEP'S	S WELDING, INC	•								
	;						1 (88)(8)(6)(80)28 (ING BURGO BURGO BURGO BURGO		(# 4) (() 4) (*)
	•									
Principal Pla	ice of Business		Mailing Add	fress			1 (60)(6)(0)(00)00 (inis esemi Ailii Albi Ală	II 414 II 414 II 414	(1 010)) O(0)(100)
	C. SHEPPARD			D C. SHEPPAR						
				2 MILES WEST ON S.R. 345 CHIEFLND FL 32626			DO NOT WOLLD IN THE CO. L.			
011121 040 12	52020		CHIEFEND F	L 32020				OT WRITE IN TH	IIS SPACE	
†							3. Date incorporated or 07/19/1989	Quairred		
2. Principal	Place of Business	·	2a. Mailing	Address		 -	4. FEI Number		· 1 1	A
21			26				59-2963266			Applied For Not Applicable
Suite, Apt	t. #, etc.			pt. #, etc.						Additional
22	•	· · · .	27				5. Certificate of Status De	esired 🔲		Required _
City & Sta	ate		City & S	tate			6. Election Campaign Fir	nancing _	\$5.0	May Be
23	·		28				Trust Fund Contribution			d to Fees
Zip	Cou	ntry	Zip	· -	Country	,	8. This corporation owes	the current year	ntangible	
24	25		29		30	-	Personal Property Tax		Yes	□No
	9. Name and Add	Iress of Current	Registered Age	ent	-		10. Name and Address of	of New Registere	d Agent	
SHE	EPPARD, DERWOOD				81	Name				
2 M	ILES WEST ON S.F	1. 345			82	Street Add	dress (P.O. Box Number is Not	Acceptable)		
	EFLND FL 32626				83		t branch some at	11. 15 4 4 1 1 1 1 1 1 1 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 5 3 3 3 3 3 3 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1. 214 1 kta. (1444
					03	ł				
					84	City		 	85 Zip	Code
11. Pursuant	t to the provisions of S	ections 607 0502	and 607 1508 F	Florida Statuto	s the above	-named car	moration submits this statemen	F		
office or	registered agent, or bo	th, in the State of	Florida. Such c	hanne was au	therized by	Married CO	poration submits this statement	by accent the ann	or changing it ointment as r	is registerea eaistered
				nango mas ad	inionzed by	the corporat	tion's board of directors. I herel	e, accept are app		
		ccept the obligatio	ons of, Section 6	07.0505, Flori	ida Statutes.	the corporat	poration submits this statemen tion's board of directors. I herel	o, assopt are app		og.o.o.oo
SIGNATURE										
	Signature, typed or printed na		and title if applicable.				ed when reinstating) ;	DATE		
SIGNATURE	Signature, typed or printed na	ome of registered agent a	and title if applicable.		Registered Ageni		red when reinstating) ; ADDITIONS/CHANGES	DATE		ORS IN 12
SIGNATURE	Signature, typed or printed na PD SHEPPARD, DERN	ome of registered agent a OFFICERS AND	and title if applicable.	(NOTE:)	Registered Agent		red when reinstating)	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	PD SHEPPARD, DERN 9791 NW COUNT	ome of registered agent a OFFICERS AND	and title if applicable.	(NOTE:)	13.	t signature requir	red when reinstating) ; ADDITIONS/CHANGES	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD, DERV 9791 NW COUNT CHIEFLND FL	ome of registered agent a OFFICERS AND	ond title if applicable. DIRECTORS	, (NOTE:	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature requir	red when reinstating) ; ADDITIONS/CHANGES	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SHEPPARD, DERN 9791 NW COUNT CHIEFLND FL ST	ome of registered agent a OFFICERS AND WOOD Y ROAD 345	ond title if applicable. DIRECTORS	(NOTE:)	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature requir	red when reinstating) ; ADDITIONS/CHANGES	DATE	ND DIRECT	ORS IN 12
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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.

SIGNATURE:

KE REQUIRED