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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Monham

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

L34912

(0)

DOCUMENT #
1. Corporation Name

NAPLES WELDING SERVICE INC.

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					1001   1011   0101   0101   0101   0101   0101   0101
Principal Place of Business Mailing Address					
1375 KERI ISLAND RD NAPLES FL 33964-2502 US		1375 KERI ISLAND RD Naples FL 33964-2502 US			
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0162541	Applied For
21		26		03 0 10234 1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	K, RICHARD J.		82 Street	Address (P.O. Box Number is Not Acceptable	ile)
	eri island road				
NAPLES	FL 33964		83		
			84 City		85 Zip Code
			[ <b>64</b> ] Only		FL   S   Zp code
SIGNATURE _	Signature, spect or protest number of registered ages.  OFFICERS AN	D DIRECTORS	(18.0): Register of Agent signature 13.	ADDITIONS/CHANGES TO OFF	
TITLE	PVS	☐ DELETE	1 1 TiTLE		Change Addition
NAME	SIMECEK, RICHARD J.		1.2 NAME		
STREET ADDRESS	1375 KERI ISLAND ROAD		1.3 STREET ADDRESS		
CITY - S1 - ZIP	NAPLES FL		14 CHY - S1 - 7IP		
TITLE	T OLIVEOEK BIOLINDS I	DELETE	2 1 Tifle		Change Addition
NAME	SIMECEK, RICHARD J.		2.2 NAME		
STREET ADDRESS	1375 KERI ISLAND ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIF	NAPLES FL	☐ DELETE	2.4 City - ST - ZiF 3.1 TifLE	<u> </u>	Change Addition
TITLE		[] Often			C onlings C Applicat
NAME			3.2 NAME 3.3 STREET ADDRESS	-	
STREET ADDRESS			3.4 CHY ST-ZIP		
CHY-ST-ZIP TITLE		☐ DELETÉ	4 1 315LE		Change Addition
NAME		<u> </u>	4.2 NAME		
STREET ADDRESS			4.3 STHEE! ADDRESS		
CITY+SI-ZIP			4.4 CHY - ST - ZIP		
TITLE		☐ DELETE	5 11(1)(6		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5 4 CITY - ST- ZIP		
TITLE		DELETE	6 1 T ILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CI*Y - S* - 7IP		07/04/
44 Ldo berah	wood futbal the information currilard	with this force is voluntarily.	furnished and does not or	usify for the exemption stated in Section 119	i 07(3)(kt. Florida Statutes, Uturthér

1.1 up hereby certify that the information supplied with this fring 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 cath; that I am an officer or injector of the corporation or the recover 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 94

941/455-9552