## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

A & A WELDING & FABRICATION, INC.

**FILED** May 06 1998 8:00am Secretary of State



Principal Piace	e of Business	Mailing Address				i idetifdit Eal diret sand einen iden debn dien bien dien dien dien debn debn geben		
10419 GENE		10419 GENERAL AVE.						
JACKSONVILLE FL 32220-2103		JACKSONVILLE FL 32220-2103				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
						03/20/1990		
9 Principal D	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·				Applied For	
	ace of Business	1					Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$9.7°	5 Additional	
22	#, Blo.	27					Required	
City & State	2	City & State					May Be	
23	,	28					d to Fees	
Zip	Country	Zip	Country		-	8. This corporation owes or has paid the current year		
24	25	29	30			Personal Property Tax due June 30. Yes	□ No	
	9. Name and Address of Current Registered Agent		Т	10. Name and Address of New Registered Agent				
FOWLER, PAT M.					Name			
155-5 BLANDING BLVD.				00 00 00				
	RANGE PARK FL 32073		82		Street A	Address (P.O. Box Number is Not Acceptable)		
, o	MINOC PARIL PC 02070			83				
				84	City	FL  85 Z	p Code	
44 Durawant	to the provisions of Sections 607.066	2 and 607 1509 Florida State	itee the	above	haman		n its registered	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS 1					in signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ÓRS IN 12	
TITLE			_	TITLE	· "T	Chang		
NAME ALLEN, ANDREW L.			1.2	1.2 NAME				
STREET ADDRESS	40440 OPNIPON AVE		1	1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		- 1	1.4 CITY-ST-ZIP				
TITLE	VD DELETE			21 TITLE		Chang	e Addition	
NAME	ALLEN, ANDREW DANIEL		2.2 NAME					
STREET ADDRESS	10419 GENERAL AVE.			2 3 STREET ADDRESS				
'	JACKSONVILLE FL						1	
CITY-ST-ZIP TITLE	S DELETE			2 4 CITY-ST-ZIP 3.1 TITLE		Chang	e	
NAME	ALLEN, NANCY V.			32 NAME			_	
STREET ADDRESS	10419 GENERAL AVE.		1		ADDRESS			
	JACKSONVILLE FL						İ	
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE		Chang	e Addition	
NAME				NAME				
STREET ADDRESS					ADDRESS			
				CITY-S	1			
CITY-ST-ZIP TITLE		DELETE		TITLE	1-211	Chang	e Addition	
NAME		- vector		NAME				
					ADDRESS			
STREET ADDRESS					- 1			
CITY-ST-ZIP		DELETE		CITY-S TITLE	ı-zır	Chang	e Addition	
TITLE					}	, John State Comments	,	
NAME			l l	NAME	1000500			
STREET ADDRESS					ADDRESS		1	
CITY-ST-ZIP			6.4	CITY-S	T-ZIP			

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.