

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
09 APR 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999
DOCUMENT # M57744

1. Corporation Name
CUSTOM FABRICATION & WELDING, INC.

Principal Place of Business Mailing Address

c/o KENNETH E. ADAMS
10431 N. W. 26TH STREET
MIAMI, FL. 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
8/20/87

5. FEI Number

59-2837544

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ADAMS, KENNETH E.	1852 N. W. 57TH STREET	OCALA, FL. 34475-3032

000002859730--0
-05/03/99--01010--013
****150.00 ****150.00

B. 4/29/99 9972

8. Name and Address of Current Registered Agent

P ADAMS KENNETH E.
1852 N. W. 57TH ST.
OCALA, FL. 34475-3032

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kenneth E. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH E. ADAMS

April 23, 1999 • (352) 402-9013

CR2E081 (12-98)