FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M76532** **(4)**

1. Corporation Name

UNLIMITED WELDING, INC.

Principal Place of Business	Mailing Address
340 OLD SANFORD OVIEDO RD WINTER SPRINGS FL 32708 US	340 OLD SANFORD OVIDEO RD WINTER SPRINGS FL 32708 US

2. Principal Place of Business	2a. Mailing Address
21 235 Old Sanfoed Oviedo	26 235 Old Sanfoed Oviedo
Suite, Apt. #, etc. 22 Rd	Suite, Apt. #, etc. 27 Rd
City & State 23 Wintee Spgs FL	City & State 28 Wintee Spgs FL
Zip 24 32708 Country 25 USA	Zip 29 32708 Country 30 USA

3. Date Incorporated or Qualified: **04/14/1988**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-2882789** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, KEITH
5722 PARKVIEW LAKE DR
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of New Registered Agent, if changed / Name of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	SMITH, KEITH	
STREET ADDRESS	5722 PARKVIEW LAKE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	SMITH, BONNIE	
STREET ADDRESS	3833 ORANGE LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	SMITH, BRIAN	
STREET ADDRESS	3833 ORANGE LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, voluntarily furnished and 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.

SIGNATURE: Bonnie M Smith Bonnie M Smith 407-327-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number