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

~PROFIT \* CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M94918

C & K WELDING CO., INC.

Principal Place of Business C/O STAN VENN 4802 DISTRIBUTION CT. SUITE 4 ORLANDO FL 32822		Mailing	g Address	<del></del>			1		INDI TALA DIDA DI	OLE BIEVE BLOCK	<b>2</b> 400 0100 1001
	,	•	STAN VENN				1				
			ISTRIBUTION CT.	SUITE 4							
ORLANDO FL	32822	ORLAN	DO FL 32822					DO NOT WRI	TE IN THIS	SPACE	
							3.	Date Incorporated or Qualifed			
								08/18/1988			
2. Principal F	Place of Business	2a. Ma	iling Address				4.	FEI Number		Ar	pplied For
21		26						<u>59-2901595</u>		N	ot Applicable
Suite, Apt.	. #, etc.	Sui	ite, Apt. #, etc.				5.	Certificate of Status Desired	П	• -	Additional
22	Suite, Apt. #, etc.		27				ļ			Fee R	equired
— ·	te	<b>⊢</b>	y & State				6.	Election Campaign Financing	П		May Be
23		28					ļ	Trust Fund Contribution		Added	to Fees
; Zip	Country	Zip	•	_	untry		8.	This corporation owes the curr	ent year Inta		
24	25	29	<del> </del>	30	-		<u> </u>	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	ent Registere	d Agent		81	Nama	10.	Name and Address of New F	Registered A	gent	
·VEN	IN, STAN	, *			61	Name					
	2 DISTRIBUTION CT				82	Street Addre	ss (P	O. Box Number is Not Accepta	able)		
	TE 4				$\sqcup$			<u> </u>			
	ANDO FL 32822				83			. :			*
ONL	ANDO FL 32022				84	City		·	·····	85 Zip	Code
	e	,				,			FL		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1	508, Florida Statu	utes, the a	above	-named corpo	ration	n submits this statement for the	purpose of o	hanging its	registered
Office Of I	am familiar with, and accept the oblig	e of Florida. S	Such Change was	autilonze	uoyi	ine corporation	15 00	and of directors, Thereby accep	ot the appoin	unieni as re	gistered
. agentia	ini tannilai wilii, and accept the oblig	jaliulis ul, set	ction 607.0505, Fi	ionua Sta	itutes.						
-	ani ianialai waa, and accept the oblig	aliulis di, Sec	ction 607.0505, Fi	ionda Sta	itutes.			•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appli	icable. (NOT	re: Registere	ed Agent	signature required			DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appli	icable. (NOT	rE: Registere	ed Agent			einstating) ADDITIONS/CHANGES TO OF			
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A PST	ent and title if appli	icable. (NOT	TE: Registere 13.	ed Agent					DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PST VENN, STAN	ent and title if appli	icable. (NOT	TE: Registere 13.	ed Agent						
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A PST VENN, STAN 4802 DISTRIBUTION CT	ent and title if appli	icable. (NOT	13. 1.1 T	od Agent . TITLE						
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ap OFFICERS A PST VENN, STAN 4802 DISTRIBUTION CT ORLANDO FL	ent and title if appli	icable. (NOT DRS	13. 1.1 T 1.2 N 1.3 S	od Agent . TITLE	signature required				☐ Change	☐ Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PST VENN, STAN 4802 DISTRIBUTION CT ORLANDO FL D VENN, STAN	ent and title if appli	icable. (NOT DRS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	od Agent  TITLE  NAME  STREET /	signature required				☐ Change	☐ Addition
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14. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90050 026 \*\*\*150.00

CR2E034 (11/98)