

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90039 022 ***150.00

DOCUMENT # P00000090462

1. Entity Name

THOMAS GANNON WELDING & FABRICATION, INC.

Principal Place of Business

**18148 STROMBERG AVENUE
 BROOKSVILLE FL 34609**

Mailing Address

**18148 STROMBERG AVENUE
 BROOKSVILLE FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34604

Country

Zip
34604

Country

4. FEI Number

59-3674062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
PAMELA R. MCKINLEY, CPA
 Street Address (P.O. Box Number is Not Acceptable)
309 S. MAIN ST.
 City
BROOKSVILLE FL Zip Code
34601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Pamela R. McKinley PAMELA R. MCKINLEY 3/2/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 GANNON, THOMAS II
 18148 STROMBERG AVENUE
 BROOKSVILLE FL 34609** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 WELCH, JAMES
 18148 STROMBERG AVENUE
 BROOKSVILLE FL 34609** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 MECHAM, DAVID J
 18148 STROMBERG AVENUE
 BROOKSVILLE FL 34609** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD ☒ Change ☐ Addition
ZIP
34604

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
ZIP
34604

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 796-2180

CR2E034 (10/00)

0563703

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DO NOT WRITE IN THIS SPACE