## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) P00000090462 **DOCUMENT #** 1. Entity Name

## Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90164 003 \*\*\*150.00

THOMAS GANNON WELDING & FABRICATION, INC.								
Principal Place of Business 18148 STROMBERG AVENUE BROOKSVILLE FL 34604		Mailing Address 18148 STROMBERG AVENUE BROOKSVILLE FL 34604				i 1801/001 ku bolik Birki obik obik diki	I I BANA 1011 ABIN 010	18 01110 1101 1 <b>00</b> 1
2. Principal P	Place of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MA	AKING CHANGES	3
City & State		City & State		4.	FEI Number <b>59-3674062</b>	<del></del>	Applied For Not Applicable	
Zip	Country Zip (		Coul			Certificate of Status Desired	j <b>\$8:75</b> A Fee Requir	dditional red
6. Name and Address of Current Registered Agent						Name and Address of New Regist	ered Agent	
سوار عظم موسي المعالم المرابع المواجعة والمرابع المسيح المعار والمرابع المرابع المعارض				-Name:				
MCKINNEY, PAMELA R				Street Address (P.O. Box Number is Not Acceptable)				
309 S MAIN ST					(			
BROOKSVILLE FL 34601								l
				City		<del></del>	FL Zip Co	de
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
	ILE NOW!!! FEE IS \$150.00							
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financir     Trust Fund Contribution.		00 May Be ed to Fees
10.	0. OFFICERS AND DIRECTORS 1			_ <del></del> _	- Al	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11
TITLE			TITL				☐ Change	Addition 8
NAME	GANNON, THOMAS II	22 0000	NAM:	1			_ ,	
STREET ADDRESS	16148 STROMBERG AVENUE		STR	REET ADDRESS				) ;
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF REINTED NAME OF SIGNING OFFICER OR DIRECTOR