SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P18602 (3)WEL-CO METALLURGICAL CORPORATION Mailing Address Principal Place of Business 390 ROBERTS ROAD 390 ROBERTS ROAD OLDSMAR FL 34677 OLDSMAR FL 34677 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1988 03/07/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 04-2580047 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. # etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zin Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FILE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 390 ROBERT ROAD **OLDSMAR FL 34617** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 (RPDIE Required Agent square required when constitling) Styrating type for print it are infrequented agent and the if appointing (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE THLE CR2E034 WELCH, OWEN 1.2 NAME NAME 390 ROBERTS ROAD 1.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE WELCH, GEORGIA 2.2 NAMÉ NAME 390 ROBERTS ROAD 2.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 1111.6 TIFLE 3.2 NAME FILE, ROBERT NAME 390 ROBERTS ROAD 3.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34 C-TY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 4.1 THUE TITLE YOUNG, G. D. 4.2 NAME NAME 390 ROBERTS ROAD 4.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 4.4 CITY - ST. ZIP CITY-ST-ZIP Change Addition DELETE 5.1 Tilluf TITLE WEBER, CLETUS 5.2 NAME NAME 343 MCCABE DRIVE 53 STREET ADDRESS STREET ADDRESS GREENSBURG PA 54 CITY - ST - ZiP City - St - 7:P Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information judicated 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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

og an attachment with an address

Hes 7/31/96 854-2638

that my name appears in Bloc

SIGNATURE: