

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:09

DOCUMENT # P22557 (3)

1. Corporation Name

JONES WELDING & INDUSTRIAL SUPPLIES, INC.

Principal Place of Business

1359 SCHLEY AVENUE
P.O. BOX 4305
ALBANY GA 31707

Mailing Address

P.O. DRAWER 4278
P.O. BOX 4305
ALBANY GA 31707
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/13/1989	3a. Date of Last Report 07/06/1994
4. FEI Number 58-1050665	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	

2. Principal Place of Business	2a. Mailing Address
21 1359 Schley Ave.	26 P.O. DRAWER 4278
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Albany, Ga	28 Albany, Ga
24 31707	29 31706
25 Country	30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature (hand or printed name of registered agent and the appropriate

date). Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	JONES, LARRY	1.2 NAME	
STREET ADDRESS	1359 SCHLEY AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	ALBANY GA	1.4 CITY, ST, ZIP	31707
TITLE	VS	2.1 TITLE	☐ Change ☒ Addition
NAME	JONES, SHEILA	2.2 NAME	
STREET ADDRESS	1359 SCHLEY AVE.	2.3 STREET ADDRESS	
CITY, ST, ZIP	ALBANY GA	2.4 CITY, ST, ZIP	31707
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 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:

LARRY JONES PRES
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2/1/95
Date

92-885-3917
Telephone Number