

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P39385 (0)
1. Corporation Name
ALL SOUTHERN FABRICATORS, INC.



Principal Place of Business
5010-126TH AVENUE NORTH
CLEARWATER FL ~~34605~~

33760

Mailing Address
P.O. BOX 658
PINELLAS PARK FL ~~34001~~

33780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

33760

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

33780

Country

30

3. Date Incorporated or Qualified

06/24/1992

4. FEI Number

57-0956326

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SANTANA, MANUEL JR.
5471 LAKE LECLARE ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

1/5/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEOD
COCKMAN, JAMES D.
STREET ADDRESS
23 LAWSON WAY
CITY-ST-ZIP
GREENVILLE SC 29604-9338

TITLE ☐ DELETE

NAME
D
CRAWFORD, WILLIAM
STREET ADDRESS
44 EAST CAMPERDOWN WAY
CITY-ST-ZIP
GREENVILLE SC 29602

TITLE ☐ DELETE

NAME
PD
SANTANA, MANUEL JR.
STREET ADDRESS
5471 LAKE LECLARE RD.
CITY-ST-ZIP
LUTZ FL 33549

TITLE ☐ DELETE

NAME
VD
WILLIS, PAULYNN
STREET ADDRESS
10537 DIXON DR.
CITY-ST-ZIP
SEMINOLE, FL 33772

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Paul Willis, PAULYNN Willis 1/5/98 813/573-4846

CR2E034 (10/97)