

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000004576 (3)**  
 1. Corporation Name  
**WALLACE PORTABLE WELDING SERVICE, INC.**



Principal Place of Business <b>540 IRIS ROAD CASSELBERRY FL 32707</b>	Mailing Address <b>540 IRIS ROAD CASSELBERRY FL 32707</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>345 FAWN TRAIL</b> Suite, Apt. #, etc		2a. Mailing Address 26 Suite, Apt. #, etc		3. Date Incorporated or Qualified <b>01/14/1993</b>	
22 <b>P.O. Box 1016</b> City & State		27 <b>P.O. Box 1016</b> City & State		4. FEI Number <b>59-3160517</b> Applied For Not Applicable	
23 <b>Osteen, FL</b> Zip		28 <b>Osteen, FL</b> Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32764</b> 25 <b>USA</b>		29 <b>32764</b> 30 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>32764</b> 25 <b>USA</b>		29 <b>32764</b> 30 <b>US</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WALLACE, DEBORAH T 540 IRIS ROAD CASSELBERRY FL 32707</b>				10. Name and Address of New Registered Agent	
81 Name <b>Wallace, Deborah T</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>345 FAWN TRAIL</b>		83	
84 City <b>Osteen</b>		85 State <b>FL</b>		86 Zip Code <b>32764</b>	

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 Deborah T. Wallace (NOTE: Registered Agent signature required when reinstating) DATE 4-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, DEBORAH T</b>	1.2 NAME	
STREET ADDRESS	<b>540 IRIS RD</b>	1.3 STREET ADDRESS	<b>345 FAWN TR</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	1.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, DEBORAH T</b>	2.2 NAME	
STREET ADDRESS	<b>540 IRIS RD.</b>	2.3 STREET ADDRESS	<b>345 FAWN TR</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	2.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>540 IRIS RD.</b>	3.3 STREET ADDRESS	<b>345 FAWN TR.</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	3.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, DEBORAH T</b>	4.2 NAME	
STREET ADDRESS	<b>540 IRIS RD</b>	4.3 STREET ADDRESS	<b>345 FAWN TR.</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	4.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>JASON WALLACE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>345 FAWN TR</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Deborah T. Wallace DATE: 4-24-98 407-321-6335

CFR2E034 (10/97)