SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000011838 (8)

1. Corporation Name
WELSH INDUSTRIAL INSTALLATION, INC.

Principal Place of Business	Mailing Address
~~322 S.E. 3RD PL.~~ ~~DANIA FL 33004~~	~~322 S.E. 3RD PL.~~ ~~DANIA FL 33004~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 1246 FUNSTON STREET
22: Suite, Apt. #, etc.
23: City & State: HOLLYWOOD, FLORIDA
24: Zip: 33019
25: Country: ~~U.S.~~

2a. Mailing Address
26: P.O. BOX 849
27: Suite, Apt. #, etc.: 1246 FUNSTON STREET
28: City & State: HOLLYWOOD, FLORIDA
29: Zip: 33019
30: Country: U.S.

4. FEI Number: 65-0406723 ☐ 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

9. Name and Address of Current Registered Agent

~~WELSH, DALE J~~
~~322 S.E. 3RD PL~~
~~DANIA FL 33004~~

10. Name and Address of New Registered Agent

81 Name: JEFFREY DALE WELSH, SOUTHERN MARINE INSTALLATION, INC.
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 210, 429 SEABREEZE BLVD.
83:
84 City: FORT LAUDERDALE, 85 FL Zip Code: 33316

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: JEFFREY DALE WELSH — JULY 12, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, DALE C	1.2 NAME	
STREET ADDRESS	8835 GARLAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WELSH, DALE J	2.2 NAME	WELSH, DALE J.
STREET ADDRESS	322 S.E. 3RD PL.	2.3 STREET ADDRESS	1246 FUNSTON STREET
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	WELSH, JEFFREY D	3.2 NAME	WELSH, JEFFREY D.
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1000	3.3 STREET ADDRESS	712 S.E. 7TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	3.4 CITY-ST-ZIP	DOWNTOWN BEACH, FL 33060
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	

CR2E034 (3/95)

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)(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 above, or on an attachment with an appropriate.

SIGNATURE: JEFFREY DALE WELSH (D) — JULY 12, 1995 — 305-463-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016969 CP