

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # P93000029916 (2)

1. Corporation Name

G-N-C WELDING AND PIPING, INC.



Principal Place of Business

Mailing Address

5329 NASH TRAIL
LAKE WORTH FL 33463

5329 NASH TRAIL
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 5850 S. Military Trail

26 5850 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 39

27 P.O. Box 39

City & State

City & State

23 Lake Worth, FL

28 Lake Worth, FL

Zip

Country

Zip

Country

24 33463

25

29 33463

30

4. FEI Number

65-0406615

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

10. Name and Address of New Registered Agent

LINCUL, GARY
5329 NASH TRAIL
LAKE WORTH FL 33463

81 Name

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

5850 S. Military Trail
#39

84 City

Lake Worth

FL

85 Zip Code

33463

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LINCUL, GARY
STREET ADDRESS 5329 NASH TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ DELETE
NAME LINCUL, CONNIE
STREET ADDRESS 5329 NASH TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5850 S. Military Trail
1.4 CITY-ST-ZIP P.O. Box 39
LAKE WORTH, FL 33463

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5850 S. Military Trail
2.4 CITY-ST-ZIP P.O. Box 39
LAKE WORTH, FL 33463

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Plus. 4-15-96

407-385-1259

Date

Daytime Phone #

CR2E034 (12/95)