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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029916 (2)

G -N- C WELDING AND PIPING, INC.

Principal Place of Business Mailing Address 5850 S MILITARY TRAIL PO BOX 39 5850 S MILITARY TR PO BOX 39 LAKE WORTH FL 33463-6973 LAKE WORTH FL 33463 US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1993 04/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0406615 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Źιρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINCUL, GARY 5850 S MILITARY TRAIL #39 Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33463 **B3** 84 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Vice-President Change Addition 1.1 TITLE 1011.6 Ð LINCUL, GARY 1.2 NAME NAME 5850 S MILITARY TRAIL 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY-ST-ZIP CITY - ST- ZIP President Addition DELETE 2.1 TITLE TITLE LINCUL, CONNIE 2.2 NAME NAME 5850 S MILITARY TRAIL 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 2. 4 CITY - ST - ZIP CITY - ST - ZIE DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY - ST - 7(P Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CRY-ST-ZIF DELETE Change Addition 51 TITLE THUE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-SI-Zi₽ DELETE Change Addition 6.1 TITLE T-TLF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 it am an officer or director of the original proportion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

changed or on an attachment w

2-15-97

561-585-0860

FILED

Feb 25 1997 8:00am

Secretary of State

me Phone #

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