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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 P93000029916 (2) DOCUMENT # G -N- C WELDING AND PIPING, INC. Principal Place of Business Mailing Address 5850 S MILITARY TR PO BOX 39 5850 S MILITARY TRAIL PO BOX 39 LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 65-0406615 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible E Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LINCUL, GARY 5850 S MILITARY TRAIL #39 82 Street Address (P.O. Box Number is Not Acceptable) **LAKE WORTH FL 33463** 83 84 85 Zip Code City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE Change Addition TITLE VΡ 1.1 TITLE NAME LINCUL, GARY 1.2 NAME CR2E034 5850 S MILITARY TRAIL STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LINCUL, CONNIE NAME 2.2 NAME 5850 S MILITARY TRAIL STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 T(T) F TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE

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 ampowered 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

onotaxed.

Constance Lincul Pres. 2-17-98

561-585-

**FILED** 

Feb 23 1998 8:00am

Secretary of State