| COR ANNU | PROFIT PORATION JAL REPORT 1996 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | PAI | , 9 , 9 | 16 176 | |
|--|--|----------------------|--|-------------------------|---------------|--------------------------------|-----------------------------------|---|--------------------------|---|
| DOCUMENT # P93000039034 (2) M & E WELDING, INC. | | | | | | | | X | | 1 / |
| | | | | | | | | | | |
| Principal Place 410 W WASI PIERSON FL |) | | | | | ista na tal an i | eo inii eini oeios kiit bibi test | | | |
| | | | | | | | 3 | Date Incorporated or Qualified 06/01/1993 | 3a. □ | ate of Last Report 03/01/1995 |
| | ace of Business | 2a. | Mailing Address | | | ., | 4 | I. FEI Number | | Applied For |
| Suite, Apt. 4 | # etc | 26 | Suite, Apt. #. etc | | | | | 59-3181434 | | Not Applicable |
| 22 | , 60. | 27 | эше, арс я, ес | | | | 5 | . Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | | J 1 | City & State | | | | 6 | . Election Campaign Financing | | \$5.00 May Be |
| 23 Zip | Country | 28 | | Coun | te | | | Trust Fund Contribution | | Added to Fees |
| 24 | 25 | 29 | - '+' | 30] | шу | | 8 | This corporation has liability for Florida Statutes | r intang:ble s ∐No | tax under s. 199.032, |
| | 9. Name and Address of | Current Registe | red Agent | | | | 10 |), Name and Address of New | Registere | d Agent |
| DURRER | RLY, MARK | | | | 81 | Name | | | | |
| | WASHINGTON AVE | | | [8 | 82 | Street Ad | ddress (F | P.O. Box Number is Not Accepta | ible) | |
| PIERSO | N FL 32180 | | | ŧ | 83 | | —— | | | |
| | | | | - | B4 | City | | | | 85 Zip Code |
| 11 Pursuant to | n the provisions of Spetions 6 | 17.0609 224.607 | 1609 Florado Stat. | stoc the above | | | | submits this statement for the p | F | L I I |
| or registere | ed agent, or both, in the State h, and accept the obligations | OF NORGAL SEIGH C | mange was author | ized by the co | orbio 6 us | amed con ration's b | oard of c | submits this statement for the pi directors. Thereby accept the ap | irpose of c pointment | changing its registered office as registered agent. I am |
| SIGNATURE | or a accept the disignion, | or, occurrent arrays | ion, Flor da Statut | | | | | | | |
| | Signature, typod or printed name of regis- | | | A Design of the All All | gén | Symbore req | orest when | | TÂC | |
| 12. | OFFICE OFFICE | RS AND DIRECT | ORS DELETE | 13. | 1 6 | | | ADDITIONS/CHANGES TO OF | FICERS A | |
| NAME | DUBBERLY, MARK | | L_I beet /E | 1.1 NAM | | | | | | ☐ Change ☐ Addition |
| STREET ADDRESS | 410 W WASHINGTON | AVE | | 13816 | | ADDRESS . | | | | |
| CITY-ST-ZIP | PIERSON FL 32180 | | | 1.4 CiTy | | | | | | |
| TITLE | D | | DELETE | 2 1 111. | E | | | | | Change Addition |
| NAME | Braddock, Eddie Po Box 264 N/A | | | 2.2 NAM | 1F | | | | | |
| STREET ADDRESS | PIERSON FL | | | 2.3 STF6 | | | | | | |
| CITY - ST - ZIP TITLE | 1121001112 | ··· | DELETE | 24 Cify 3 1 Tift | | · ZIP | | | | Change Addition |
| NAME | | | | 3.2 NAM | | 1 | | | | |
| STREET ADDRESS | | | | 3.3 STR | | ADDRESS | | | | |
| CITY - ST - ZIP | | | | 3 4 CITY | - 51 | - 716 | | 9000017 -04/22/9601 | 881 | 39 |
| TITLE | | | DELETE | 4. 1 TH | F | | | -04/22/9601 | 0221 | Change Addition |
| NAME | | | | 4.2 NAM | | | | ***200.00 | | |
| STREET ADDRESS | | | | 4.3 STRE | | - 1 | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 4.4 CHY 5.1 HI. | | ZIF | | | | Change Addition |
| NAME | | | | 5.2 NAM | | | | | | |
| STREET ADDRESS | | | | 5.3 STHE | | 009ESS | | | | ٩١.١٦ (|
| CiTY-ST-ZiP | | | | 5.4 C/TY | | | | | | ٦٠. |
| TITLE | | | DELETE | 6 17171 | F | | | | | Change Addition |

CITY-SI-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 is upplied 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 composition or till elementary on 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 of than address

SIGNATURE: Walliam Authority of the property of the control of the

6.2 NAM5

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (12/95)