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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000039034 1. Corporation Name

M & E WELDING, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90094 030 \*\*\*150.00

-			(11)1 6161 (89

Principal Place	e of Business	Mailing Address			4 100 1100 110 10100 1111 MATEL CONT. A0113 00142	,,,,,,, (811) <b>68:61</b>	11111 9191 1891	
410 W WASHINGTON AVE PO BOX 74								
PIERSON FL 321			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					06/01/1993		)	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	T Ap	plied For		
21		26			59-3181434	<u> </u>	t Applicable	
Suite, Apt.	#, etc. 2nd Ave.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re			
City & State City & State			6. Election Campaign Financing	\$5.00	May Be -			
23 Pierson FL 28				Trust Fund Contribution Added to Fees				
Zip	Country				8. This corporation owes the current year Intangible			
24 321	80 25 USA	29 30		Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent	0.4	NI	10. Name and Address of New Registered	Agent	<del></del>	
DUR	REDIV MADY		81	Name				
DUBBERLY, MARK 410 W WASHINGTON AVE		82	Street Add	Address (P.O. Box Number is Not Acceptable)				
PIERSON FL 32180		83						
			84	City	FL	85 Zip (	Code	
11 Pursuant	to the provisions of Sections 601.050	2 and 607.1508, Florida Statutes,	the above	e-named cor	paration culmits this statement for the nurnose of	changing its	registered	
office or r	egistered agent, or both, in the \$tate	of Florida, Such change was auth	orized by	the corporati	on's board of directors. I hereby accept the appo	intment as re	gistered	
	Manda I william	indis or, deciron dor .0000, r ional	Olutatos	•	3/12/	99		
SIGNATURE	Signature, types or printed name of registered agen	nt and title if applicable (NOTE: Re	gistered Ager	t signature require	ed when reinstating) DATE	<u> </u>		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE \		*	Change	☐ Addition	
NAME	Dubberly, Mark		1.2 NAME	-				
STREET ADDRESS	410 W WASHINGTON AVE		1.3 STREE	ADDRESS			ĺ	
CITY-ST-ZIP	PIERSON FL 32180		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		•	Change	Addition	
NAME	Braddock, eddie		2.2 NAME					
STREET ADDRESS	PO BOX 264 N/A		2.3 STREET	ADDRESS			1	
CITY-ST-ZIP	PIERSON FL		2.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME				}	
STREET ADDRESS			33 STREET	ADDRESS			ļ	
CITY-ST-ZIP			3.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	FADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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 of 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, with all other like empowered.

SIGNATURE:  $\underline{\omega}$