

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000000369 (6)**

1. Corporation Name
BURCH WELDING & FABRICATION, INC.

Principal Place of Business: **2324 PHOENIX AVE. JACKSONVILLE FL 32206**
Mailing Address: **2324 PHOENIX AVE. JACKSONVILLE FL 32206**

FILED
96 NOV 27 PM 3 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 11-27-96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		12/23/1993		03/18/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For:	
23 City & State		28 City & State		50-3082158		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
				5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURCH, KENITH 2324 PHOENIX AVE. JACKSONVILLE FL 32208				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City			
				FL 65 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 11/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, KENITH	1.2 NAME	Kenith L. Burch
STREET ADDRESS	6775 YVONNE LANE	1.3 STREET ADDRESS	2537 Randy Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, LARRY	2.2 NAME	Larry T. Burch
STREET ADDRESS	6775 YVONNE LANE	2.3 STREET ADDRESS	7614 Laura St.
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary/President's Wife <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Debbie S. Burch
STREET ADDRESS		3.3 STREET ADDRESS	2537 Randy Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200002018762--9
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-12/04/96--01001--001
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: January 18, 1996 (96)303-6515

CR2E034 (12/95)