

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

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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000014863

1. Corporation Name
WELD SHOP FABRICATORS, INC.

Principal Place of Business 1013 SE 9TH TERRACE CAPE CORAL FL 33990	Mailing Address 1013 SE 9TH TERRACE CAPE CORAL FL 33990
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/22/1994	4. FEI Number 65-0491723	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent

RONALD CROTEAU
 1722 S.W. 18TH TERRACE
 CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name	<i>Kathleen M. Croteau</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>1722 SW 18th Terrace</i>
83	<i>Cape Coral FL 33991</i>
84 City	<i>Cape Coral</i>
85 Zip Code	<i>FL 33991</i>

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 *Kathleen Croteau - president* DATE *2/11/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CROTEAU, RON	
STREET ADDRESS	1722 SW 18TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CROTEAU, KATHLEEN	
STREET ADDRESS	1722 SW 18TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Kathleen M. Croteau</i>	
1.3 STREET ADDRESS	<i>1722 S.W. 18th Terrace</i>	
1.4 CITY-ST-ZIP	<i>Cape Coral, FL 33991</i>	
2.1 TITLE	<i>Vice president</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Ron Croteau</i>	
2.3 STREET ADDRESS	<i>1722 SW 18th Terrace</i>	
2.4 CITY-ST-ZIP	<i>Cape Coral, FL 33991</i>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 empowerer.

SIGNATURE: *Kathleen Croteau* DATE: *4/23/99* DAYTIME PHONE #: *941-458-3184*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)