

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 # P94000021642 (1)

1. Corporation Name

AAA WELDING & DIESEL REPAIR, INC.



Principal Place of Business

997 INDUSTRIAL BLVD
CRESTVIEW FL 32536

Mailing Address

997 INDUSTRIAL BLVD
CRESTVIEW FL 32536

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FET Number

59-3237458

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when resigning.)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FLEMING, WILBURN J
STREET ADDRESS PO BOX 1033
CITY-ST-ZIP CRESTVIEW FL 32536

DELETE

11 TITLE Change Addition

TITLE D
NAME SANFORD, JOHN N
STREET ADDRESS 402 GIL AVE
CITY-ST-ZIP CRESTVIEW FL 32536

DELETE

12 NAME Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

21 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

22 NAME Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

23 STREET ADDRESS Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

24 CITY-ST-ZIP Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

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:

W. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 904 682-6923

Daytime Phone #

Daytime Phone #

CR2E034 (12/95)