FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000090182 (4)**

1. Corporation Name

WELDFAB ALUMINUM, INC.

Principal Place of Business

94804 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address

94804 OVERSEAS HIGHWAY
KEY LARGO FL 33037

3. Date Incorporated or Qualified: **12/12/1994**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0547570** ☐ 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. Is this corporation filing for an eligible tax under s. 193.032, Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business

21 94804 Overseas Hwy.
Suite, Apt. #, etc.
22
City, & State
23 Key Largo, Florida
Zip 24 33037 County 25 U.S.

2a. Mailing Address

26 94804 Overseas Hwy.
Suite, Apt. #, etc.
27
City, & State
28 Key Largo, Florida
Zip 29 33037 County 30 U.S.

9. Name and Address of Current Registered Agent

NICHOLSON, JAMES D
94804 OVERSEAS HIGHWAY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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. The corporation's business office hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James D Nicholson JAMES D. NICHOLSON, PRESIDENT 3-14-96
Name & Capacity/Relationship of Person Signing This Form Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NICHOLSON, JAMES D	
STREET ADDRESS	94804 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VPD	XX DELETE
NAME	DZIELAK, THOMAS J	
STREET ADDRESS	94804 OVERSEAS HWY	RESIGNED
CITY-ST-ZIP	KEY LARGO FL	
TITLE	STD	☐ DELETE
NAME	NICHOLSON, PASQUALINA	
STREET ADDRESS	94804 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this 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 added by this amendment with my address.

SIGNATURE: Pasqualina Nicholson / PASQUALINA NICHOLSON 3-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305 391-9146