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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000081943 (9)

1. Corporation Name  
RAULERSON WELDING AND FABRICATION, INC.

Principal Place of Business  
1834 ECTOR RD.  
JACKSONVILLE FL 32211

Mailing Address  
1834 ECTOR RD.  
JACKSONVILLE FL 32211-4705

3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 28-4581951	Applied For Not Applicable
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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RAULERSON, VERNON H SR.  
1834 ECTOR RD.  
JACKSONVILLE FL 32211

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 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

Vernon H. Raulerson Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	RAULERSON, VERNON H	
STREET ADDRESS	1834 ECTOR RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VP	DELETE
NAME	RAULERSON, SUSIE K	
STREET ADDRESS	1834 ECTOR RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	DELETE
NAME	WINGATE, JULIE A	
STREET ADDRESS	10818 RED BASS DR	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	T	DELETE
NAME	RAULERSON, DARREN L	
STREET ADDRESS	1834 ECTOR RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	MD	DELETE
NAME	RAULERSON, REGINA L	
STREET ADDRESS	1834 ECTOR RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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.

SIGNATURE:

Vernon H. Raulerson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97 (904-743-3246)

Date

Daytime Phone #

0034404

CR2E034 (9/96)