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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010835 (2)

PIMENTAL'S WELDING, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



7814 SYMMES RD GIBSONTON FL 33534		7814 SYMMES RD GIBSONTON FL 33534-5323						
· · · · · · · · · · · · · · · · · · ·						3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Fleport	
·	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For	
21		26				59-3360656	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat 23		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 30			Florida Statutes		has liability for intangible tax under s. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			1	10. Name and Address of New Re	gistered Agent	
	iental, leslie w			81	Name			
7814 SYMMES RD GIBSONTON FL 33534				82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
				83				
				84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	rida Statutes	s, the abov	e-named cor	poration submits this statement for the p	urnose of changing its registered	
agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida. Such cha gations of, Section 60'	ange was au 7.0505, Flor	uthorized b ida Statute	y the corpora s.	tion's board of directors. I hereby accept	of the appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered as		{NO16		ent signature requ	ired when reinstating)	DATE.	
12.	OFFICERS AF	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	PIMENTAL, LESLIE W		TAE LE	1.1 TRUE	P	1/0	Change - Addition	
STREET ADDRESS	7814 SYMMES RD			1.2 NAME	*********			
CITY-ST-ZIP	QIBSONTON FL 33534			1.3 STREET				
TITLE	Capolition 12 coops	——————————————————————————————————————	DELETE	1.4 City - S 2.1 Title	51-21+'	1-12	Change X Addition	
NAME	·			2.2 NAME	2	ST/D SHAPEN	Emil Onlingo D3 Addition	
STREET ADDRESS				2.3 STREET	AODRESS	PIMENTAL, SATILO		
CITY-ST-ZIP				2 4 City-	SI - 7/P	Characters Go 335	734	
TITLE			DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·	/	Change Addition	
NAME				3.2 NAME	2	LALLER WILLAM L.		
STREET ADDRESS				3.3 \$1RFE1	ADDRESS	T/D PIMENTHE, SHARON 7514 SYMMES RD GIBSONTON, P2 333 MENTAL, WILLIAM L. 7514 SYMMES RO GIBSONTON, P2 333		
CITY-ST-ZIP				3.4. CITY -	S1 - Z(P	GIBSONTON 62 33:	r3+	
TITLE			DELETE	4.1 THILE			☐ Change ☐ Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP		···		4.4 CITY - 9	ST - ZIP			
TITLE] [DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			DELETE	5.4 CITY - S	ST-ZIP			
TITLE			DELETE	6.1 TATLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP				6.4 CITY - 5	ST-ZIP			

14. I do hereby certify that the information supplied with this filling 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.