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FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017917 (1)

1. Corporation Name

~~A PLUS WELDING SERVICE, INC.~~

CIRCLE C BROKERAGE, INC.

Filed NAME
CHANGE 9/5/97

Principal Place of Business

Mailing Address

2056 NEWBERRY DRIVE
ARCADIA FL 33821

2056 NEWBERRY DRIVE
ARCADIA FL 34266-5695

3. Date Incorporated or Qualified 02/26/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0648204

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2056 NE NEWBERRY DR

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, ESSIE E
2056 NEWBERRY DRIVE
ARCADIA FL 33821

81 Name

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

2056 NE NEWBERRY DR

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: Essie E. Cooper

ESSIE E. COOPER

3-19-97

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME COOPER, WAYNE R
STREET ADDRESS 2056 NEWBERRY DRIVE
CITY-ST-ZIP ARCADIA FL 33821

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2056 NE NEWBERRY DR.
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME COOPER, ESSIE E
STREET ADDRESS 2056 NEWBERRY DRIVE
CITY-ST-ZIP ARCADIA FL 33821

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2056 NE NEWBERRY DR.
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-04/17/97--01004--045
***165.00

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: Essie E. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

ESSIE E. COOPER

3/19/97 941-494-0240

CR2E034 (9/96)